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UNIVERSITY OF ALBERTA

BECOMING A FATHER TO A STILLBORN CHILD

BY

NANCY MACNEIL

©

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF NURSING

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Date: Sept. 14 1992

DEDICATION

This is dedicated with gratitude to the fathers who volunteered in this study and shared their thoughts and feelings with the hope that they might help other fathers who experience the tragedy of a stillbirth.

It is dedicated with love to my family who supported and encouraged me through my studies, especially my mother who taught me the importance of education and inspired me to "stick with it".

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ABSTRACT

The loss of a child, as in the case of a stillbirth, can be devastating. Although the reactions of women have been studied, little research has been done on the reactions of fathers. The purpose of this study was to identify the reaction of fathers during the first five years after a stillbirth. The method of grounded theory was used to develop a beginning theory to explain this process.

Eight fathers who had experienced a stillbirth within the past five years were selected to be study informants. Unstructured tape recorded interviews were conducted. The constant comparison method was used to analyze the information within each interview as well as across the interviews. The key concepts were coded into categories. The categories were defined, developed and integrated into a beginning theory that identified the basic social process of becoming a father to a stillborn child.

Fathers grieved for their lost child exhibiting grief reactions and behaviors described by many previous researchers such as shock, denial anger, bargaining, disappointment and acceptance. However, it was evident that for these fathers taking on a fathering role was of central importance. The basic social process that the fathers in this study experienced following the stillbirth was becoming a father to that child. This occurred while the fathers were anticipating the child, acknowledging the child's reality, experiencing empty arms, incorporating the child into the family, struggling for recognition, accepting the reality of altered fatherhood, and maintaining memories. The

process of becoming a father was affected by grieving for that child. The grieving began when learning about the loss and continued through acknowledging the loss, dealing with practicalities, communicating the loss, coming to terms with the loss and then moving on with life. Although the fathers moved on with their lives, they were left with lasting impressions of the stillborn child.

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CHAPTER I: INTRODUCTION

Statement of the Problem

"To everything there is a season, and a time to every purpose under the heaven. A time to be born and a time to die" (Ecclesiastes, 1971, p. 556). How does one deal with the situation when the time to be born is also the time to die. Experiencing a stillbirth is not easy.

Losing a child has often been said to be the most stressful of all possible losses that individuals can experience in life (Coughlin, 1989; Danville, 1983; Hughes & Page-Lieberman, 1989; Lake, Knuppel, Murphy, & Johnson, 1983; Moore, Gillies, & Martinson, 1988; Schwab, 1990). Despite the seriousness of the topic, few references to perinatal loss are found prior to 1970. Kennell, Slayter, and Klaus (1970) have also commented on the little attention given to this topic.

Maternal reactions and coping with perinatal loss have been the focus for much research in this area (Condon, 1987; Forrest, Standish & Baum, 1982; Hughes, 1987; Lake, Thomas, Murphy & Knuppel, 1987; Lovell, 1982 & 1983; Stringham, Riley & Ross, 1982 ; Toedler, Lasker & Alhadeff, 1988; Wyler, 1989). Caregivers see the mother and/or child as their client and tend to concentrate on physical aspects of their care. Caregivers, as well as society, focus on mothers sometimes to the point of ignoring the fathers. Relatives may ask the father how his wife is doing without questioning his status.

Society expects the father to be strong and to support the mother through this traumatic experience. Who supports the father? Does the father require the same type of support as the mother? Only three recent research articles have considered fathers' reaction to a perinatal loss (De Frain, Martens, Stork & Stork, 1990-1991; Hughes & Page-Lieberman, 1989; Kimble, 1991).

When examining the literature, perinatal losses were often grouped together. Perinatal losses included miscarriages, stillbirths, and neonatal losses. Studies that compared the reaction of fathers to different types of perinatal loss were not found. Stillbirth is the type of perinatal loss that will be explored in this study. Stillbirths were chosen because of the limited information available that addresses issues for fathers when they do not have the reality of a live child. None of the three recent research articles focused exclusively on fathers who had a stillborn child (De Frain et al. 1990-1991; Hughes & Page-Lieberman, 1989; Kimble, 1991).

There was minimal reference in the literature as to whether the reaction following a perinatal loss was the same as the grief reaction to other's losses such as the death of an adult or whether the reaction was unique. Quantitative scales with standardized response choices could have been used to compare the reaction of fathers following a stillbirth to other types of losses but the validity of such scales are questionable, particularly based on the work by Morgan (1987). The results of Morgan's study suggested parental grief following the loss of an infant differed from grief when the loss was of an adult.

The researcher, therefore, decided to inductively investigate fathers' reactions following a stillbirth gathering qualitative data. The method of grounded theory (Glaser & Strauss, 1967) was chosen to identify the reaction of fathers after they experience a stillbirth and to generate a tentative theory describing this process.

Purpose of the Study

The aim in this qualitative study was to identify and describe the reaction of fathers in the first five years following a stillbirth.

Research Question

The research question that guided this study was: What is the reaction of fathers to a stillbirth who have experienced the loss within the last five years?

Definition

Stillbirth: For the purpose of this study, stillbirth was defined as a fetal death following 20 or more weeks gestation. Both intrauterine deaths that occurred prior to and during labour were included.

Significance of the Study

By gaining a better understanding of the reactions of fathers following a stillbirth, nurses will be able to provide appropriate support for fathers. Nurses in the acute care and community settings will benefit from this information so

that they can provide the appropriate care and support for the bereaved father and his family. The community also needs a better understanding of fathers' reactions following a stillbirth so that the impact of the fetal death on the father can be better understood. Understanding these reactions of fathers will help society to provide the type of support that will most benefit these fathers.

Overview of the Thesis

A review of literature that addresses perinatal loss is presented in chapter two. A discussion of the research methods used in this study follows in chapter three. Findings are presented in chapter four. Chapter five begins with a presentation of the model that describes the process of the reaction of fathers after they experience a stillbirth. This model is compared to current literature, followed by a discussion of the implications for nursing, the strengths and limitations of the study and the indications for future research. This chapter is concluded by a brief summary of the thesis.

CHAPTER II: LITERATURE REVIEW

In this chapter information dealing with grief and perinatal loss will be summarized. Theories of grief will be presented followed by a summary of studies of grief associated with a perinatal loss. Men's grief reaction, particular to perinatal loss, will be addressed, concluding with information specific to stillbirths.

Grief Theories

Grief has been defined as "the process of psychological, social, and somatic reactions to the perception of loss" (Rando, 19884, p. 15). Lindemann (1944) commented that "Grief is the 'normal' reaction to a difficult situation" (p. 141). Prior to Lindemann's (1944) classic study, grief was considered a mental or psychiatric disorder. Lindemann led the way towards a new theory on grief. He interviewed 101 patients who included: 1) psychoneurotic patients who lost a relative during the course of treatment, 2) relatives of patients who died in the hospital, 3) bereaved disaster victims of the Coconut Grove night club fire, and 4) relatives of members of the armed forces. Lindemann noted that the normal reaction to acute grief included both psychological and somatic symptoms which were as follows: 1) somatic distress, 2) preoccupation with the image of the deceased, 3) guilt, 4) hostile reactions, and 5) loss of patterns of conduct. The duration of these symptoms would depend on the individuals ability to do the "grief work". Grief work dealt with "emancipation from the bondage to the

deceased, readjustment to the environment in which the deceased is missing, and the formation of new relationships" (Lindemann, 1944, p. 143).

A second popular theory was initiated by Parkes (1965) who examined the grief reactions of 115 psychiatric patients who had been hospitalized within six months of the death of a parent, spouse, sibling, or child. His intent was to better explicate atypical grief responses. Parkes later (1970) acknowledged the theory of Bowlby (1961) adding the first phase of numbing. Both men support the following grief process: 1) numbness, 2) yearning and searching, 3) disorganization and despair, and 4) reorganization. A third well known grief researcher was Kübler-Ross (1969). She identified five stages of grieving: 1) denial and isolation, 2) anger, 3) bargaining, 4) depression, and 5) acceptance.

Stage theories have been criticized by Rando (1984) for their invariant and sequential process. Research has shown us that grief is not static nor does it progress though a set of predetermined stages. Parkes (1972) suggests that grief is a powerful, dynamic reaction to loss. Rando (1984) comments that the reactions (rather than stages) are colored by both the individual characteristics of each person and certain social and psychological factors. The griever, as well, may move back and forth among the reactions with the end goal being some type of resolution. Grief has been seen as a healing process that allows one to integrate the loss into one's life.

Perinatal Grief

Grief, being the reaction to loss, would be expected to occur following any type of death, including perinatal losses. Societal changes, with parents having children later in life as well as having fewer children, has led to each child being special and important. One might think then that these changes would affect, if not intensify the grief reaction following the loss of an infant. While this may be the case for parents, the opposite has been reported in the literature in relation to family, friends, society, and professionals minimizing or denying the impact of an infant's death and a parent's grief (Borg & Lasker, 1988; Condon, 1987; Cordell & Thomas, 1990; Davis, 1991; De Frain et al, 1990-1991; Gardner & Merenstein, 1986; Rando, 1984; Schwiebert & Kirk, 1985; Stringham et al, 1982; Welch, 1991).

One possible reason for denying the impact of the infant's death was the perceived minimal relationship the mother had with the deceased infant. Deutsch's work was influential in the acceptance of these views. Deutsch (1945) was one of the first authors to examine maternal-infant attaching behaviors with women who had experienced a perinatal loss. She concluded that since the woman had no opportunity to interact with the stillborn child, the loss was of minimal importance. It has been reported that these findings are still accepted by some people in society despite research findings to the contrary (Cranley, 1981; Klaus & Kennell, 1976; Rubin, 1977; Stainton, 1985).

In the early 1970's researchers focused a considerable amount of attention on the topic of maternal-infant attachment. It had originally been hypothesized that there was a critical period for attachment that occurred immediately after birth. As research continued, it was reported that attaching was actually a process that occurred over time and began in the antenatal period (Cranley, 1981; Klaus & Kennell, 1976; Rubin, 1977; Stainton, 1985). Klaus and Kennell (1976) identified nine activities related to attaching that occurs with mothers. The first five occur prenatally and the last four postnatally. The activities are: 1) planning the pregnancy, 2) confirming the pregnancy, 3) accepting the pregnancy, 4) feeling the movement, 5) accepting the fetus as an individual, 6) giving birth, 7) hearing and seeing the infant, 8) touching and holding the infant, and 9) caring for the infant.

Specific behaviors have been identified in the literature that indicate the process of forming an antenatal relationship between the mother and unborn child. One behavior is where the mother is able to distinguish the separate identity of the unborn child from herself (Cranley, 1981; Kennell & Klaus, 1971; Rubin, 1975; Tanner, 1969). A second behavior is where the mother begins to interact with the unborn child by talking to and touching the child through her abdomen (Cranley, 1981, Leifer, 1977; Rubin, 1975; Stainton, 1985). A third behavior is where the mother starts attributing certain characteristics to the unborn child such as personality traits, body shape, color of hair and eyes, and the sex (Cranley, 1981; Stainton, 1985). A fourth behavior is where the mother

begins to nest by physically getting ready for the child by preparing the nursery and choosing names (Cranley, 1981; Leifer, 1977; Tanner, 1969). A fifth behavior is where the mother fantasizes about her mothering role such as caring for and playing with the child (Cranley, 1981; Rubin, 1967, 1970, 1972). Because of the attachment that occurred antenatally a grief response would then be expected following the loss of a fetus although the relationship could not be continued outside the womb. Klaus and Kennell (1976) did add a qualifier to state "the time of the loss, as well as the degree of attachment attained, can have a significant impact on the grief reaction" (p. 39).

With the identification of antenatal attaching behaviors it then became appropriate to consider grief reactions following a perinatal loss. The next logical step would be to identify this grief reaction following a perinatal loss and compare it to existing grief theories. Kennell and associates (1970) were some of the first to study the grief reaction of mothers following the death of a newborn. They developed a questionnaire based on the studies of Parkes (1965) and Lindemann (1944) and were able to quantify mourning responses into scores. High mourning scores were then compared to low scores to identify possible causes for the differences in the scores. The results were as follows (p. 346): 1) high mourning was associated with the previous loss of a baby either through miscarriage or through neonatal death, 2) high mourning was associated with positive feelings about the pregnancy, 3) high mourning was suggestively associated with touching the infant before death, 4) high

mourning was suggestively associated with a failure of communication between the mother and her husband, or in the absence of a husband, with her own mother, and 5) there was no apparent relationship between the mourning score and the length of the baby's life, a mother's expectations of her baby's chances to live, or the number of previous living children within the home. All three mothers with surviving twins had low mourning scores.

Kennel and associates' (1970) work has been criticized for two principle reasons. The possible erroneous assumption that women who have lost an infant through a miscarriage, stillbirth or neonatal death grieved in a similar manner to the way adults grieved for adults or older children was one reason. The second related to the atypical reactions of psychiatric patients identified by Parkes (1965) being compared to psychologically healthy women.

Hutti (1984) comments: "when a subject must choose among the options present on a questionnaire it is likely that she will choose the closest possible option to her true feelings; however, that does not guarantee the validity of the representation of her feelings since her choices are limited by the options present in the tool" (p. 392). She suggests that the mother's reaction to a perinatal loss should be researched qualitatively from the mother's point of view. The validity of the findings by Kennell and associates (1970) have also been questioned because of their sampling strategy which consisted of a convenience sample of 18 subjects.

Incongruencies arise in the literature when examining grief following perinatal deaths. Several authors state that the grief reaction following perinatal death is the same as the grief reaction following any type of death and therefore can be assessed according to Kübler-Ross's (1969), Lindemann's (1944), or Parkes's (1965), theories of grieving (Costello, Gardner, & Merenstein, 1988; Gardner & Merenstein, 1986; Hughes & Page-Lieberman, 1989; Kimble, 1991; Lake et al., 1983; Moscarello, 1989; Moore et al., 1988; Page-Lieberman & Hughes, 1990; Sanders, 1979-80; Szgalsky, 1989). As stated earlier, the appropriateness of conventional grief theories for perinatal losses should first be researched. Other authors state that the grieving process following perinatal loss differs from other types of grieving and is dependent on gender (Cordell & Thomas, 1990; De Frain et al., 1990-1991; Schwab, 1990; Toedler et al., 1988).

Men and Grief

Much of the literature covering perinatal losses deals with the mother's reaction to the loss and her perception of her husband's reaction (Danville, 1983; Forrest et al. 1982; Hughes, 1987; Lovell, 1982; Lovell, 1983; Peppers & Knapp, 1980; Stringham et al. 1982; Weiss, 1987). Articles have been found that focus on the father's grief following the death of a child, but these articles have concentrated on the conventional grief response as outlined by Lindemann (1944) or Parkes (1965) (Cordell & Thomas, 1990; Forrest et al. 1982; Hughes & Page-Lieberman, 1989; Schwab, 1990). Each article

concluded that men go through the conventional grieving process quicker and with less intensity than do women. These conclusions were also based on structured questionnaires such as the Grief Inventory Experience used by Page-Lieberman and Hughes (1990).

The Grief Inventory Experience Scale was developed by Sanders (1977) through studying symptoms of adult bereavement in the death of an adult. This scale was later validated by comparing the adult bereavement in the death of a spouse, child or parent but this did not include perinatal losses (Sanders 1979-80). Sanders did conclude that the death of a child was one of the most difficult kinds of loss to endure and that this was demonstrated by the higher intensity of grief in parents that survived their children.

"Both men and women have the same grief reactions, yet women express more symptoms (crying, sadness, guilt, anger, and use of medications) than men. This difference in symptomatology represents a different expression of grief, not a different experience" (Gardner & Merenstein, 1986, p. 18). Differences in how men and women grieve have been attributed to two causes - attachment and social expectations.

It was once thought that the father-infant attachment did not commence until visual and tactile contact occurred with the neonate. Klaus and Kennell (1982) and Rubin (1984) comment on the father as well as the mother being attached to the fetus before birth. "Attachment begins long before birth occurs" (Costello et al., 1988, p. 361). From the moment pregnancy is confirmed, many

parents become attached to the unborn child, especially if the pregnancy is planned.

Although the attachment for both parents occurs before birth, the attachment between the infant-mother and infant-father is different. Since the baby is carried by the mother, she tends to feel closer to the baby sooner. Gardner and Merenstein (1986) and Szgalsky (1989) both comment that since the father does not directly (physically) experience the pregnancy, he may experience a psychological lag in investment. It is suggested that the father experiences the pregnancy vicariously through the experience the mother shares with him and through what he can see and feel. The father is able to develop more of a feeling of closeness as the due date nears. If the loss occurs early in the pregnancy, the father may not have developed a closeness with the baby so his grief may not be as intense or as long as the mother's. Peppers and Knapp (1980) have made reference to fathers moving faster and more efficiently through the phases of grieving to emotional resolution than their wives. They relate this to the incongruent bonding between mother-infant and father-infant. What is interesting about this study is that 65 women participated but no men. The results came from the mothers' perceptions of how the fathers grieved.

Social expectations also affect how men and women express their grief. Cordell and Thomas (1990) commented that "fathers' responses to infant loss tends to coincide with how they believe they should act as men, rather than

how they need to act to confront and resolve grief" (p. 75). Men are taught from an early age that "big boys don't cry" and that men should be strong, independent and in control (Cordell & Thomas, 1990). These notions dictate to the father that he should not show his emotions, or expect support, and that he should make decisions and protect the mother. When death occurs, the father is expected to be in control, protect and support his wife emotionally, and recover quickly so he can return to work. This leaves little time for the father to grieve, or at least to express his grief, so he is left to grieve in silence.

A pilot study by Cordell and Thomas (1990) was conducted to investigate father's adjustment following the death of an infant using their own accounts. Twenty three fathers were given a questionnaire developed by researchers. The findings were as follows: the father's adjustment was 1) positively related to the level of his education ($r=.40$, $p=.03$) but negatively related to the mother's occupation ($r=-.39$,$p=.03$), well educated fathers with wives not as involved in occupational pursuits reported better adjustment to the loss, 2) positively related to experience in handling family loss in the past ($r=.39$, $p=.04$), 3) related to preparation by physicians for the possibility of problems ($r=.45$, $p=.02$), and 4) related to having a support network (family and friends) which enhanced adjustment ($r=.57$, $p=.00$), this network was used for discussion and emotional support, asking for support ($r=.34$, $p=.06$), attending a support group ($r=.40$, $p=.03$), and seeing a therapist ($r=.38$, $p=.04$). The validity of the questionnaire is a criticism of the Cordell and Thomas study. No

report could be found on the development of the items used in the questionnaire, nor of any established reliability. There was no indication of the homogeneity of the population, so this could have been a biased sample. Despite these limitations and given that this was a small study, these results indicate that the fathers could benefit from support and the provision of outlets for emotional expression.

Marital problems may occur as a result of incongruent grieving by the mother and father. The father who appears to move through the grief process faster than the mother may feel that she is obsessed with the death and should move on with her life. The mother, on the other hand, may question the depth of the father's feelings for his child because he seems to be moving on with life so quickly. By being aware of different expressions of grief the parents will be able to understand and support each other. In the literature, the experience of a perinatal death is described as generally having a positive effect on the marriage by bringing the couple closer together often through better communication (Borg & Lasker, 1989; Davis, 1991; De Frain et al. 1990-1991, Gilbert, 1989; Hughes & Page-Lieberman, 1989; Kimble, 1991; Long, 1992; Page-Lieberman & Hughes, 1990). For a minority of couples, the strain placed on the relationship as a result of the perinatal death may be sufficient for the couple to consider divorce (Borg & Lasker, 1989; De Frain et al., 1990-1991; Hughes & Page-Lieberman, 1989; Long, 1992; Page-Lieberman, 1990; Schiff, 1977).

Schwab (1990) designed a research study to identify patterns of coping strategies used by bereaved parents and coping differences between fathers and mothers. Twenty five married couples who had a child that died participated in the study. The age of the child at the time of the death ranged from zero (miscarriage) to 30 years with varying causes of death for example, traffic accident, chronic illness, murder, stillbirth and miscarriage. Data were collected using semi-structured open ended questions and a "coping with grief" instrument was developed by the investigator.

Coping strategies from the interviews were grouped into the following 10 categories: 1) seeking the release of tension, 2) avoiding painful thoughts and feelings, 3) using a cognitive framework to understand and deal with the experience of loss, 4) relying on religious or nonreligious beliefs, 5) seeking support from groups, 6) seeking relief from pain, 7) helping others, 8) seeking professional help, 9) investing oneself in a new object of love, and 10) other. The instrument included the same 10 categories as the interviews which identified 20 coping strategies that were developed from clinical observations and a review of the literature. Differences were found between the fathers' and mothers' responses. The most frequent coping strategies reported by the fathers were: keeping busy, relying on nonreligious beliefs, talking about the loss, relying on religious beliefs, and helping others. For mothers, coping strategies were: crying, keeping busy, talking about the loss, helping others, and reading about loss and bereavement. Most of the mean scores for the

mothers were higher than for the fathers. This difference suggests that mothers used coping strategies to a greater extent than did the fathers.

Limitations of the above study include the lack of a randomized sample and the small sample size. Another limitation is the instrument used for data collection, no reference was made to the validity or reliability of the tool. Schwab further adds that the interviews and their analysis were subjective and imprecise. Caution must therefore be taken when interpreting these results.

Grief Following a Stillbirth

The question arises as to whether the grief following a stillbirth differs from the grief experienced with other perinatal losses. Peppers and Knapp (1980) modified the mourning scale used by Kennell and associates (1970) to determine whether differences in grieving intensity occurred among miscarriages, stillbirths, or neonatal deaths. Sixty five women who experienced a perinatal death within a time frame from six months to 36 years participated in the study. They found no difference in the intensity of grief. The validity of the mourning scale was questioned when utilized by Kennell and associates and would therefore be questioned in this study as no report to the contrary was mentioned. Grief is a process that occurs over time, therefore grouping the mothers together who have experienced the death over a 36 year time span may affect the reliability of the results. Those whose loss occurred six months ago may not have had time to experience the entire grief process while those

whose loss occurred many years previously may have resolved their grief. The retrospective nature of the study may affect the validity of the results because of length of time since the loss.

Society may view a stillbirth as less traumatic than other neonatal losses because no live relationship has occurred between the parent, especially the male parent, and the infant. This is not true. As demonstrated earlier, attachment begins between the father and the infant before birth so a relationship with the unborn child has already developed. Jordan (1990) identified various experiences that promote the developing reality of the pregnancy and child when becoming a father. Such experiences include: the "theoretical" pregnancy, the "official" diagnosis of pregnancy, hearing the baby's heartbeat, seeing the baby on ultrasound, feeling the baby move, telling other's about the pregnancy, giving the baby a nickname, seeing and holding the baby at birth, assuming responsibility for the baby's care and getting to know the baby as a person (p. 13). The majority of these experiences occur during the pregnancy which is how the father develops a relationship with the unborn child.

Some authors state that the grieving process following a stillbirth is different from all other types of perinatal grieving and therefore should be dealt with differently (Condon, 1986; Danville, 1983; Stringham et al., 1982; Weiss, 1987). Condon (1986) states "bereavement by stillbirth differs from conventional bereavement because of the unusual psychological attributes of

the lost object, the unique psychobiological climate in which the loss occurs, and the multitude of sociocultural attitudes that surround pregnancy and stillbirth" (p. 987). Many hopes and dreams of the couple die with the diagnosis of a stillbirth.

Parents may view the stillbirth as a personal failure regardless of the stated cause of death. Parents see the child as an extension of themselves (Klaus & Kennell, 1982) so a defective or dead child may threaten their self concept. If the unborn child is both defective and dead, the parents have two losses to grieve for: the inability to produce a perfect child and the loss of a live child.

Although physical detachment occurs at birth, the psychological detachment from a child does not occur until years later with some attachment always remaining (Moscarello, 1989). The normal process of detachment is interfered with when a stillbirth occurs. The process of attachment according to Klaus and Kennell (1976) is also interfered with when a stillbirth occurs, especially the last three stages (hearing and seeing the infant, touching and holding the infant, and caring for the infant). The grief process following a stillbirth can then take into account the processes of normal attachment and detachment with a live birth when facilitating the detachment that is necessary during mourning.

The parents first recognize the stillborn child as a person and then realize the reality of the death. In the past, parents were discouraged from seeing or

holding their dead infant as it was thought that this would only add to the pain they were experiencing. The importance of seeing and holding the infant after death is now recognized. Most of the literature dealing with perinatal losses suggests the parents be given the opportunity to see and hold their child and that any anomalies be accurately explained. While the opportunity should be provided for the parents to see the child, it is critical to remember that the ultimate decision is up to them (Cordell & Thomas, 1990; Costello et al., 1988; Danville, 1983; Davidson, 1985; Davis, 1991; De Frain et al., 1990; Gardner, & Merenstein, 1986; Hughes & Page-Lieberman, 1989; Kirkley-Best & Kellner, 1982; Lake et al., 1983; Moscarello, 1989; Schwiebert, & Kirk, 1985; Stringham et al., 1982; Szgalsky, 1989).

Seeing and holding the infant after death reinforces the reality of the infant's existence as well as the reality of the infant's death. Kirkley-Best and Kellner (1982) and Moscarello (1989) report that seeing and holding the infant actually facilitates the grieving process. Women who have not seen the baby may have fantasies or distortions of "what" was lost. "Lack of a reality-based concept of the lost object strongly predisposes to abnormal grief" (Condon, 1986, p. 989). Seeing the infant more than once might also be beneficial, the first time to say hello and realize the child's existence and the second time to realize the death and say good bye.

"Part of the tragedy of a stillbirth is that many people refuse to recognize that you had a child and families are left unsupported in their grief" (Stringham

et al., 1982, p. 326). It may only be the nurses and obstetrician, and occasionally the parents, who have ever seen the child. Young (1977) found that lack of acknowledgement through gift giving, congratulations, or visitation, reinforces the parent's loneliness, disappointment, isolation, and negative feelings towards an abnormal child. One should also consider the possibility of the lack of acknowledgement by others occurring with the parents of a stillborn child.

Authors have reported that tangible memories are important in assisting couples through the grieving process (Condon, 1986; Costello et al., 1988; Danville, 1983; Davis, 1991; Lake et al. 1983; Schwiebert & Kirk, 1985; Szgalsky, 1989; Weiss, 1987). Such evidence includes pictures of the infant, the hospital armband, a lock of hair, a funeral, and burial site, etc. Lake and associates (1983) report that one of the main roles of the grief support team following a stillbirth is to fill the emptiness experienced and encourage the loss to become real. This is done by offering the parents an opportunity to see and interact with their baby during the first postpartum visit as well as offering tangible memories.

Besides providing tangible memories, another way to assist families through the grief process is to provide some form of bereavement counselling. Parkes (1980) concluded that bereavement counselling services may reduce the risk of psychiatric and psychosomatic disorders resulting from bereavement. Forrest and associates (1982) designed a study to test this hypothesis (n=50

women, half who had experienced a stillbirth and the other half a neonatal death). Half of the women were randomly allocated to a counselling support group while the other half received routine hospital care. A semi-structured interview and two self rating scales were administered at 6 and 14 months after the death. Two of the women in the support group showed psychiatric disorders at six months compared with ten women in the control group. At 14 months there was no significant difference between the two groups and 80% of all women recovered from psychiatric symptoms. Therefore, a support counselling program in the early months appreciably shortened the normal duration of bereavement reactions for the mothers after a perinatal death (keeping in mind that 50% of the deaths were of a stillbirth).

Family and friends may try to support the couple by using reassuring cliché s like "You are young, you can have another child" or "Don't worry you'll forget all about this when the next child comes along." These comments often cause more pain for the couple. The parents feel that the importance of that particular child is not recognized by others. Parents are being encouraged to name their child as well as have a funeral and burial to facilitate the grief process (Borg & Lasker, 1988, Condon, 1987; Costello et al. 1988; Davidson, 1985; Davis, 1991; Gardner & Merenstein, 1986; Kirkley-Best & Kellner, 1982; Moscarello, 1989; Rosen, 1990; Schwiebert & Kirk, 1985; Stringham et al. 1982; Szgalsky, 1989; Weiss, 1987; Welch, 1991). Naming and burial are for two reasons, one to acknowledge the infant as a person for the parents and second

to inform others of the importance of the death of the child. Furthermore, having a private burial instead of allowing the hospital to take care of the body provides the family with a place to go to grieve for the child.

Within the family, society views the man as the "strong one" (Gardner & Merenstein, 1986). The father is often the one to make the funeral arrangements as well as to dismantle the nursery, thus sparing his wife the grief. Authors caution against this activity by the father because, although the intent is good, mothers may need to participate in these activities to facilitate the grief process (Borg & Lasker, 1988; Davidson, 1985; Davis, 1991; Gardner & Merenstein, 1986; Gyulay, 1989; Kirkley-Best & Kellner, 1982; Moscarello, 1989; Schwiebert & Kirk, 1985; Szgalsky, 1989).

Resolution of grief following a stillbirth also needs to be addressed. Many parents have commented that the grief process took longer than they or others thought it would (Borg & Lasker, 1988; Davis, 1991; Morgan, 1987; Schwiebert & Kirk, 1985). These parents felt that others were encouraging them to move on with their lives before the grief was dealt with fully. Although Lake and associates (1983) quoted two years as the time for complete resolution Condon (1987) comments that "six months is usually adequate for the event to no longer occupy center stage in the women's life...Some resolution is usually apparent at three months, and the continuing preoccupation or feeling 'it happened only yesterday', if present at six months, are indications for referral" (p. 329). Morgan (1987) found that resolution was a

process and that the meaning of resolution changed over time. In her study of parental grief of infants who died in the N.I.C.U., she found that remnants of grief remained five years after the death even after the grief had generally been resolved. Morgan used a combination of qualitative and quantitative techniques. Data were collected using a semi-structured interview guide and the Texas Inventory of Grief (TRIG) developed by Faschingbauer (1981). The results of the TRIG scores indicated that 11 out of the 14 subjects scored within the "abnormal" realm of potential grief responses. These scores were not consistent with the personal perceptions of the degree of resolution achieved following the loss. All of the parents believed that their grief had reached a degree of resolution, although the meaning of resolution differed among the parents of the groups. Although the use of a semi-structured questionnaire allows freedom for the subject's response, it restricts the interviewer by allowing her to ask only the questions predetermined on the interview guide. Morgan developed the questionnaire from the literature of parental bereavement, but it was not indicated if the literature was research based.

No research could be found that dealt exclusively with father's reaction to a stillbirth. One study dealt with the effects of stillbirths on parents, but only 20% of the respondents were fathers, (De Frain et al., 1990-1991). A second study was on fathers who had experienced a perinatal loss, and thus included both stillbirths and neonatal losses, (Hughes & Page-Lieberman, 1989); the last study dealt with fathers' experiences following a neonatal death (Kimble, 1991).

De Frain et al. (1990-1991) were interested in the psychological effects of a stillbirth on surviving family members. Information was obtained from in-depth interviews with 22 families and a 10 page questionnaire completed by another 304 families. The questionnaire was developed from the authors' previous work on sudden infant death syndrome and consisted of 10% structured questions with the remainder being unstructured (i.e., open ended). In this study the stillbirth had occurred within the past two weeks to 40 years previously. Eight common themes were identified: 1) the shock, blame, guilt, and hardship, 2) the desperate need to remember, 3) the utility of autopsies and funerals, 4) the burden of irrational and terrifying thoughts, 5) the necessity of adequate support systems, 6) the issues surrounding surviving siblings and subsequent pregnancies, 7) the long journey to healing, and 8) the need to reach out and help others in distress. There are several limitations to this study. Only 20% of the informants were fathers and the stillbirth for some occurred up to 40 years ago. No reference to the reliability of recall after 40 years could be found. It is not known whether the validity of the questionnaire developed from S.I.D.S. research was established for the use with fathers who experienced a stillbirth. Although the authors commented that their previous exploratory research showed that the grief process following each type of perinatal loss was similar, no reference to this study was cited and no report could be found in the literature.

The study by Hughes and Page-Lieberman (1989) was designed the describe the nature, intensity and duration of fathers' grief in relation to a perinatal loss. This was a retrospective exploratory study consisting of an interview and a written questionnaire. Sander's Grief Experience Inventory (1977) was completed to obtain an objective measure of the intensity and nature of the grief experience. Fifty one fathers, who had experienced a stillbirth or neonatal death within the last two years, took part in the study.

The results can be summarized as follows: more fathers described themselves as attached but not as attached as their wives to the baby; fathers perceived the death as not preventable or had mixed feelings about its preventability; fathers' feelings of grief were described as sad but not overwhelming or intensely debilitating; and for the majority of fathers, the duration of their intense grief lasted up to one month. For many fathers, although their intense personal grieving diminished one month after the death, family disequilibrium was evident after one year. Differences in grieving between men and women were also described by the fathers. The results of Sander's Grief Inventory Experience normative group was compared to the study group of fathers which demonstrated a lower intensity of grief in the study sample of fathers on all scales except denial and death anxiety.

The appropriateness of Sander's tool with this population should be considered. Sander's tool has been previously validated with adults and children but not perinatal deaths. Another limitation of this study was the

convenience sampling method that was used instead of random sampling, when survey techniques were employed.

The experience of fathers whose infants had died in the N.I.C.U. has been described (Kimble, 1991). The infants lived for one to three days. Data were collected from eight fathers using a semi-structured questionnaire. The symptoms of grief were divided into three categories: feelings, physical reactions, and reactions and behaviors. The feelings of all fathers began with an initial shock reaction. Most fathers also felt angry. Anger was directed at self, peers, God, and related events. All of the fathers expressed feelings of sadness over the infant's death. Other feelings included: guilt, powerlessness, and helpless. Three fathers felt relief when their infant died because they could now move on.

The men reported physical responses which included: restlessness, difficulty concentrating, and sleep disturbances by three of the fathers, and feeling tired, lazy, or wiped out by six of the fathers. Reactions and behaviors dealt with feeling lonely and depressed as evident by low self-esteem, social withdrawal, poor concentration, and the inability to reinvest their energies. Most of the fathers were overwhelmed by such tasks as the funeral arrangements and death certificate. While compulsive behavior of one father included spending excessive amounts of money, four other fathers increased their alcohol intake. Six of the fathers reported feeling closer to their wives as a

result of the infants' deaths, while periods of conflict still occurred mostly related to communication. Two fathers even considered leaving the marriage.

Concern over the wife's wellbeing added to feelings of self-pity and guilt, and two fathers sought professional treatment. Reevaluation of life's priorities occurred following the infant's death. The fathers in this study reported similar symptoms to the mother's experience of an infant death reported by Szgalsky (1989). The fathers were frustrated over conflicting feelings of anger and despair, and their grief progressed from shock and disbelief through sleep disturbance and somatic distress to resolution. With fathers becoming more involved in childrearing and hands on care, a new potential for emotional investment exists with a concomitant potential for profound grief at the loss of a child. The fathers in this study whose infant lived for less than three days all had profound grief reactions. The potential for profound grief following a stillbirth may also be present.

There is a void in research dealing with father's reactions following a stillbirth. There is little evidence to demonstrate that the grief process following a perinatal loss is the same as the grief process following other types of losses, therefore a quantitative study using a standard grief measurement tool would not be appropriate in further understanding this experience. There is a need for qualitative information about the father's reaction to a stillbirth so that the variables related to the concepts can be identified and a theory can be

developed that describes the process. Once the theory is developed , it can then be tested and compared to other types of losses.

CHAPTER III: METHOD

The purpose of this investigation was to identify and describe the reaction of fathers over the first five years to the experience of a stillbirth. Grounded theory was chosen as the appropriate method to address the research question. One of the main uses of grounded theory has been in preliminary, exploratory, and descriptive studies where little research has been done (Glaser & Strauss, 1967). Stern (1980) states that grounded theory "aims to generate theoretical constructs which explain the action in the social context under study" (p. 21). Theoretical constructs have also been referred to as core variables or basic social processes. Until the basic social processes have been identified, they are not accessible for problem solving. In the case of fathers who have experienced a stillbirth, the adjustment process they go through has been inadequately described, thus grounded theory is an appropriate method for use in this study.

"Both an inductive and deductive approach to theory construction are used in grounded theory with the constructs being grounded in the data and hypothesis that are tested as they arise from the research" (Field & Morse, 1985, p. 23). The research was guided by the symbolic interactionist theory about human behavior. Symbolic interaction focuses on the meaning of events to people in natural settings (Chenitz & Swanson 1986). It includes the participants' self-definition and shared meaning. The meaning of the topic under study must be understood from the perspective of the participants, in this

case fathers, and within a particular context, meaning those who had experienced a stillbirth (Chenitz & Swanson). Understanding the father's reaction during the first five years following a stillbirth and developing a beginning theory to describe this process was sought.

Informants

Theoretical sampling was used in this study. It has been described by Glaser (1978) as "the process of data collection whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges" (p. 37). Informants were specifically selected who could make a contribution to the understanding of a father's reaction over the first five years following a stillbirth. One helpful guideline in determining sample size is to continue to collect data within the research focus until no new information is obtained (Morse, 1989). Although a sample size could not be predetermined, it was found that eight primary informants were sufficient to ensure no new categories were being identified in the data.

The study was crosssectional in nature as different fathers were interviewed at varying points in the five year period. Theoretical sampling was used to interview fathers who were representative of the varying time frame within the five year period. Secondary informants are also included in theoretical sampling. These informants are identified after initial coding has

taken place and are used in verifying data (Field & Morse, 1985). In this study one secondary informant was used.

The informants for this study were obtained through a newspaper advertisement in the Edmonton Examiner (see Appendix A), contacts with the Parent Care support group, and personal contacts. Five fathers were obtain through the newspaper advertisement, two from the Parent Care support group, and two by personal contact. What was interesting was that the investigator was initially contacted by the wives of seven of the fathers, so that they could find out about the study and then inform their husbands. One father commented that the interview was easier than he had anticipated but if it was not for his wife initiating the contact with the researcher, he never would have participated.

The criteria for inclusion as primary informants in this study were fathers: 1) who had at least one stillborn child occurring after 20 weeks gestation, 2) whose stillbirth had occurred within the last five years, 3) who were able to speak and understand English so interviews could be conducted, 4) who were married or involved in a stable relationship as defined by the father, 5) who lived in the Edmonton area, and 6) who were 20 years of age or older.

The gestational age of 20 weeks or more was used for the definition of stillbirth as this is the standard definition used in Alberta hospitals. The five year time span was chosen because one study (Morgan, 1987) identified remnants of grief up to five years following the death of a neonate and because of the

potential difficulty of obtaining informants if a shorter time span was chosen. For the purpose of this study, fathers had to be married or in a stable relationship as it was believed that fathers who did not have regular contact with the mother of the child might have different experiences. The aim in this exploratory study was to obtain a reasonably homogenous group of fathers. In this study all of the fathers were married. The Edmonton area was chosen because of the large number of deliveries and therefore increased number of stillbirths. Conducting the study in Edmonton was cost effective and increased the ease of arranging interviews. An age frame was established because the experience of teenage fathers might differ from that of adults. The secondary informant met the above criteria except for the five year time span. This father experienced two stillbirths 28 and 29 years ago. In retrospect, his experience may have differed from other fathers in this study because health care practices related to parents and stillbirths, as well as, social expectations of fathers have changed in the intervening period.

Demographic Information

Demographic information, to assist the theoretical sampling strategy, was collected during the beginning of the initial interview (for each father) using the form in Appendix B. Such information was used for theoretical sampling. At the time of the stillbirth three fathers were between 20-30 years, five fathers were between 31-40 years, and one father was over 40 years. The highest level

of education completed by the fathers varied: one had completed junior high, one had completed high school, three had received diplomas from a trade school, two obtained a degree from university, and two had completed a program in graduate education.

Seven of the informants were working full time at the time of the interview, one was unemployed and the secondary informant was retired. Although the exact occupation was not requested, several of the fathers volunteered this information during the interview. Occupations included working on oil rigs, or as a carpenter, a teacher, a musician, an artist, an architect, and a graphic designer. All of the fathers were married to the women with whom they experienced the stillbirth. The length of time in the marriage ranged from 4-31 years with the average length being 11 years.

The time since the stillbirth varied for the primary informants over the five year span with four births occurring within the past year and four occurring from three to five years ago. Fathers who had experienced a stillbirth between one and three years did not volunteer to participate in this study. Morgan (1987) also had difficulty recruiting parents from this time span. The exact time since the loss as well as the sex and age of children before, and after the loss, and the sex and gestation of the stillbirth can be found in Appendix C. Fictitious names were give to each father so that confidentiality could be maintained.

All of the pregnancies, that resulted in a stillbirth, were planned and the birth was to be in a hospital. Seven births were vaginal and one was a

cesarean section after labour until the cervix was fully dilated. In Appendix D, a summary of other descriptive facts including the cause of the stillbirth, whether fathers held their child after birth, and the type of burial is presented. All of the fathers named their child and had some type of memorial service although in one case both were delayed for several months.

Information was obtained on other deaths experienced by the fathers. Two of the primary fathers had experienced at least one miscarriage, while two others had experienced the death of their mothers when they were teenagers. Another father had a sister who had experienced sudden infant death the summer before he experienced the stillbirth. The remaining three fathers had their first experience with death of a significant person when the stillbirth occurred.

Data Collection

Data were collected through formal unstructured interviews. Open ended questions and statements were used to gain information in the respondent's own words and to elicit detail. A primary interview was conducted with each informant, lasting anywhere from 20 minutes to 4 hours and averaging 1 hour and 45 minutes. Half of the interviews lasted two hours or longer, which was longer than anticipated. Because of the indepth rich information obtained during the first interview with each father, further interviews for clarification were not required. Two primary informants were interviewed a second time to

validate the emerging theory. A secondary informant was also used for the purpose of theory validation. These three interviews each lasted one hour.

Each interview was tape recorded to ensure that no details were missed and to assist with data analysis. Open ended questions, as found in Appendix E, were used as a guide to focus the interview when necessary. Care was taken not to interrupt the father during the face-to-face interviews (telephone interviews will be discussed later). Clarification was done only after the father had finished talking so as to not disrupt the flow of his story.

Each informant had the option of choosing to be interviewed face-to-face or over the telephone. Although face-to-face interviews would have been preferred by the researcher, it was thought that some fathers might feel more comfortable disclosing over the telephone because of the sensitive nature of the topic. Three of the primary informants chose telephone interviews while the other five were interviewed face-to-face. The three fathers who were interviewed by telephone reported that they chose that method to avoid travelling not because of the sensitive nature of the topic as anticipated.

The telephone interviews were more difficult than the face-to-face interviews because the investigator could not see the informant during pauses to tell whether he was still thinking about the question. As a result, the investigator, on occasion, did interrupt the informant before the answer was finished. The telephone interviews were also shorter than the face-to-face interviews (46 min. compared to 1 hour and 52 min.). The three validation

interviews were face-to-face without telephone option so that the developing model could be shown.

The initial phone contact was used to describe the purpose and nature of the study (see Appendix F), to answer any questions and to arrange a time for the first interview. During the first interview, a verbal or written consent was obtained depending on whether the interview was conducted by telephone or face-to-face (see Appendix G & H respectively). The remainder of the interview dealt with the father's reactions following the stillbirth. Theoretical sampling was used to assist data collection. An example of use of this strategy is that when a pattern appeared to be emerging from first time fathers who had experienced a stillbirth, the next informant selected was a father who had a live child prior to the stillbirth so that the pattern between the two informants could be compared. The entire study took 15 months.

Setting

All interviews were arranged at a time convenient for the informant to so that possible interruptions or distractions could be avoided. No interruptions occurred during the telephone interviews. The face-to-face interviews will be described later.

The setting for the face-to-face interviews varied. The first interview was conducted at the university. This university has a hospital on campus which the informant walked through to meet the investigator. He later commented that

walking through the hospital was difficult as that had been his first time in a hospital since the stillbirth. Even though it was not the same hospital, it still caused him some distress. This was taken into consideration when arranging subsequent interviews.

Two interviews were arranged to take place at the father's office. One was conducted satisfactorily while the other had to be moved to an alternate location. The reason for the move was because this office contained four other men working at desks with computers and a printer. A photocopying machine was being used and several phones were ringing. This interviews was moved to a nearby coffee shop. Although the noise level was lower than at the office, some distraction did occur.

Three interviews took place in the father's home. When arranging for the interviews the fathers were asked to select a time and place that would facilitate as few interruptions as possible. Despite this, interruptions did occur. One father asked his wife to leave the room during the interview. Several times during the interview she returned and interjected when the father was speaking. The secondary informant was interviewed with his wife present. She also contributed to the interview. Although the wives' reaction was not a focus of this study, a need for the wife to talk about the experience was demonstrated. The third father interviewed in his home was not interrupted by his wife but was on two occasions by his son. Both times the father stopped the interview to talk to his son. He commented that ever since the stillbirth he realized how

precious children were so he had to pay attention to his son when he requested it. Only one father mentioned that he was distracted by the tape recorder. This comment did not occur until after the interview so it is not known if the tape recorder affected what was said. During subsequent interviews each informant was asked if the sight of the recorder would affect them and if so it would be placed out of sight. Other informant did not mention that they were affected by the recorder.

Data Analysis

Data analysis occurred simultaneously with data collection. Glaser (1978) describes the main processes of data analysis as "theoretical coding, theoretical memos, the generation of core problems, processes and conditions, theoretical sorting, theoretical writing, and generating formal theory" (p. 17). The researcher tried to analyze data without using preconceived notions. "Bracketing", a term used where the researcher stores away information discovered through the literature review until after the theory is generated, and then compares the available information to the theory generated, was used.

After collection each interview was transcribed. Data from the transcriptions were hand coded and then sorted using an ethnographic computer program. Similar codes were constantly compared and grouped into categories. Categories were then compared within interviews for each informant as well as compared across interviews with other informants.

Patterns of relationships between categories were noted. As relationships between categories continued to develop and be conceptualized, a beginning theory emerged. The basic social process of becoming a father to a stillborn child was identified.

The researcher's thinking process was facilitated by the use of theoretical notes or memos about the data and categories. According to Field and Morse (1985) these notes assist the researcher in identifying important information not clearly spelled out in the data. These notes were also helpful in identifying areas for further investigation or validation.

The final theory required refining and reorganizing of categories. More data were collected when gaps in the information occurred. Three informants were used to validate the theory (two primary informants and the secondary informant). A model was shown to each validating informant. The researcher then talked the informants through the model pausing for input after each section. Reorganizing of the model occurred, often this discussion related to timing of the grief reactions.

Once the theory emerged, it was compared to findings in other studies. Support from existing literature strengthened the beginning theory that was grounded in the data as many similarities occurred between the two. A theory is not complete without addressing the issues of validity and reliability.

Reliability and Validity

Reliability is the measure of the extent to which random variation may have influenced the stability and consistency of the results (Field & Morse, 1985, p. 139). The sampling process is one method of ensuring reliability (Brink & Wood, 1989). Theoretical sampling was employed with this study, increasing the stability and consistency of the results. Data analysis is also targeted as a possible source of unreliability in qualitative research.

Low inference descriptors, participant review of findings, and peer examination can be used to reduce threats to internal reliability (Field & Morse, 1985). Low inference descriptors with this study included verbatim accounts of what was said. This was ensured by recording the interviews and then transcribing the tape. Participant review of the findings occurred through validation by three informants. After coding a random section of data, peers from a grounded theory support group were asked to code the same data to examine consistency. Researcher variables were assessed by coding a section of data and storing the results for two weeks. At that time the researcher recoded the same data and compared the results.

"The task of the researcher to unearth the relative truth in the situation, to discover the range in people's beliefs, and the congruence between belief and action is the validity for which the qualitative researcher strives" (Chenitz & Swanson, 1986, p. 87). Validity was tested by comparing information given during the first interview with information given during subsequent interviews for

two of the informants. Discrepancies were then clarified. By presenting the proposed theory to three informants, validity was also tested.

Validity may be affected by sampling, social context, and status of the researcher. Sampling was addressed by selecting key informants who were fathers who had experienced a stillbirth. The social context as addressed earlier included allowing the fathers to choose whether a telephone or face-to-face interview would be most appropriate for them. This was done so that maximum disclosure would occur.

One anticipated limitation to validity was the gender of the researcher (female) when interviewing males. It is possible that this might affect disclosure of certain types of information. However, this did not appear to be the case as the fathers freely expressed their emotions about the loss, two fathers cried during the interview and five others commented on crying at some time in relation to the stillbirth. The gender of the interviewer might have even helped in that the fathers might have felt more comfortable expressing their feelings about the loss with a female rather than if the researcher had been a male.

The overall generalizability of the theory depends on the situation. Glaser (1967) states that if the theory is understandable and fits the situation, then it should be used. Generalizability of this theory to the population at large should be restricted because a small sample of convenience was used. Generalizability to a population of fathers with similar characteristics to the study

sample could occur. The developing theory should be tested on other populations to assess generalizability.

Ethical Considerations

The research proposal was approved by the Ethics committee, University of Alberta, Faculty of Nursing. No additional approval was required.

Spradley (1979) stresses that the rights, interests, and sensitivities of the subject must be safeguarded. To ensure this, each informant was informed during the initial telephone contact of the purpose and nature of the study.

Confidentiality was upheld throughout the study. The name of the informant only appeared on the informed consent which was seen only by the investigator. Verbal consents for those who chose telephone interviews were tape recorded on a tape separate from the interviews and stored in a locked cabinet separate from the other information. This was to ensure that the names and voices could not be connected. Written consents were obtained from those who chose face-to-face interviews. Each informant was offered a copy of the consent form.

The interviews were identified only by numbers. The list, linking the name of the informant with the interview number, was kept in a locked drawer separate from the tapes. The tapes were transcribed verbatim and the transcriptions were used for analysis to prevent identification of the voice on tape. Besides the interviewer, only the typist listened to the tapes. Following

the study, all tapes were destroyed or given to the informant if requested. Three fathers asked for the tapes as well as any information published on the study. The transcriptions will be kept for possible future analysis which would require further ethical clearance at that time. They will be retained for a minimum of seven years.

The risks and benefits of participating in the study were discussed with each informant. The main risk was the rekindling of sad and painful memories. Although there were no direct benefits for the informant except the opportunity to discuss thoughts and feelings, valuable information was revealed that could be used to help other fathers dealing with a stillbirth. All of the fathers said that they participated in this study hoping that other fathers would benefit.

Acknowledging the emotional nature of the topic, each subject was informed of his right to refuse to answer any questions as well as to stop the interview at any time he saw fit, without consequence. Although some of the fathers became emotional and even cried, no informant asked to stop the interview. Each informant was given the opportunity to ask questions during the initial interview and was given the name and phone number of the researcher, should any questions or concerns arise. None of the informants contacted the researcher except for the initial telephone call to express interest in the study. Each subject was aware that the results would be published and that the publications of the results would contain anonymous quotations from various interviews. None of the informants objected to this.

Follow-up supportive counselling from the Director of Pastoral Care in a large community hospital was available for any father who identified a need. Each father was given a pamphlet of the services available as well as a contact number. No father needed to be referred to the counselling service but it is not known if any of the fathers contacted the services on their own.

In summary, eight primary and one secondary informant participated in the study. The principles of grounded theory were used to guide data collection and analysis. Data were collected through tape recorded unstructured interviews which were then transcribed. Content analysis of data identified the basic social process of becoming a father to a stillborn child. Measures were taken to ensure the reliability and validity of the results, and ethical concerns were addressed.

In the next chapter, the research results are presented. Fictitious names were given to each informant: Andre, Barry, Chris, Dave, Eric, Frank, Glen, and Howie. The time since the stillbirth is indicated as follows, 0.4 is four months, 1.0 is one year and 3.8 is three years and eight months. The data are identified using the notation (Andre, 3.7).

CHAPTER IV: FINDINGS

Death is a topic that is seldom talked about within the family. At one time, most deaths occurred in the home so the families were responsible for preparing the body for both viewing and burial. Today, most deaths occur in the hospital with the body then being taken care of by the funeral home so families have little contact with the deceased. Even the language used to describe someone who has died is an attempt to avoid talking directly about the subject. Euphemisms such as "passed away", "is no more", or "has met his maker" are used. It is even considered impolite to talk about the death of a loved one, except at a funeral. All of these factors have resulted in many people not being prepared for death.

People are not only unprepared for death because of social changes, but also unprepared according to who, when, and how someone dies. It is expected that one will grow old before one dies, especially with the modern technology available to prolong life. One is not prepared for the death of a child especially when it occurs during pregnancy as in the case of a stillbirth.

> Everything in this culture centers around a woman gets pregnant, a woman has a baby. This is it. You read about sudden infant deaths and you read about deformities and things and you know they happen but the stillbirth thing, unless you really know about it, it's almost like stillbirth isn't talked about....You are programmed for the death of your parents especially when you get to be 35, 40. You know this is going to happen. You see it on TV but you're not programmed for the death of your firstborn and I almost hate to say it but the firstborn being a son, I think, added to it because males like to have sons and especially your first child, it's a son. It's like you won. This is big time and, but he's dead so it's even worse somehow. (Dave, 5.3)

> It's not simple. You thought the birth process was very easy. You're going to have a baby, great! Well, nine months from now, we'll have a baby and we'll move on. I had NO IDEA, no idea at all in terms of what the odds were and what things can happen to people and how often these things do happen such as miscarriages, stillbirths and what not. (Andre, 3.7)

In this chapter the basic social and psychological processes that have emerged after analyzing the interviews of eight primary informants and one secondary informant regarding father's reactions during the first five years after a stillbirth are presented. The basic social process that emerged dealt with becoming a father to a stillborn child. Although a standard grief process intervened with this process, becoming a father to a stillborn child was the major theme. Each person grieves their own way, with varying degrees of intensity and over different lengths of time, but for the fathers in this study, their grief was very much affected by becoming a father to this stillborn child.

Anticipating the Child

Some of the fathers began preparing for their role of being a father before the birth of the child, even as early as marriage. Dave commented "This is partly why we got married. Clearly we wanted to have a family and we wanted one right away". One father can remember wanting to have children since he was a small boy. Another father did a self analysis when he found out that his wife was pregnant to see what he needed to do to prepare to be the best father.

> I've wanted to have children of my own ever since I was a small boy. The three-year-old brother that I lost when I was, I guess, thirteen or fourteen...he was almost like my own and I remember I loved being around him and very untypical, I guess, of a ten-year-old boy to be wanting to spend his time with his little brother but that's what I was like and always had loved kids, babysat in the years that it was appropriate. When I started junior high, like we lived in the subdivisions and I changed shitty diapers when I was twelve, thirteen babysitting infants and it didn't bother me at all. I'm really good with children. So I was very disappointed to find out my daughter had died. (Chris, 1.0)

> I was going to be the best father that there ever was and, in fact, when I found out my wife was pregnant I looked at myself. I did a kind of a, I don't know, a survey of myself to see where I was at and who I was and I looked at myself and thought, well, gee, you don't look like a young guy ready to have a kid here. You look like somebody out of shape, fat...I needed to be in good shape to have a baby and to be the best father I could. So I started working out and preparing myself, in fact, I think I was a little more excited than my wife was at first to have a child. I wanted so much to be a father and to have that child and for me it was really fun to be there and to see it all, see her stomach growing and all the things. I was just so elated to see the first scope or whatever you would call that, see the little baby flying around inside of her. It was a real experience for me and it was all these things leading up to the death of the baby that made it even harder when the baby died. I just felt so let down. I felt cheated. I felt very sad that I was cheated of fatherhood. (Glen, 0.4)

The above are accounts of first time fathers preparing to be a father which were not unlike the preparation accounts of men who already had children. One father who already had two live children was preparing by working overtime so that when the child was born he would be able to take time off to introduce the new baby to the other children.

> I had told everybody at work here, when it would happen, I was going to take three or four days off just to take care of the kids, just be with the kids and have some family time, introduce them to a new baby and everything like that, have a little time together, I was kind of prepared.

> That's why I've been putting in so much overtime is 'cause I knew I was going to leave for three or four days. (Frank, 0.3)

The relationship that the father developed with the unborn child was often perceived as different than that developed by the mother. The fathers believed that since the mother was carrying the child, her relationship with the child was stronger during the pregnancy. Despite the relationship with the unborn child being thought of as stronger for the mother there was still a relationship between the father and the unborn child.

> I think it's a lot tougher on the mother than it is on the father. You know, having carried it and fed it, she's felt that much closer. You feel this child moving inside of you and, I mean that was something I didn't get to feel. I get to put my hand there and listen to the heartbeat and all those things but for her to feel that constant companion and now all of a sudden it's over. Uh, it's tough. (Chris, 1.0)

Learning of the Death

Learning about the death of their child was a traumatic experience. For some fathers this information came before the labor had begun, whereas other fathers were unaware until their wives went to the hospital in labor. Two fathers did not find out about the death until after the birth. Regardless of the timing, most of the fathers were totally unprepared for the news that their child had died. Two of the fathers were concerned that there might be a problem during the pregnancy but were still holding onto the hope that everything would be all right. The initial reaction of all fathers was similar to the grief reaction

documented in the literature beginning with shock and disbelief, and denial (Kübler-Ross, 1969).

Shock and disbelief were experienced by all the fathers. Even the two fathers who thought there might be a problem during the pregnancy were shocked when the death was confirmed.

> This nurse came out and said, O.K., you can come in now. So I went in and my wife was sitting there on the bed and the nurses looked a little concerned and I remember the monitor...They hooked up this monitor and everybody is looking at this monitor, there's two nurses, my wife and I. Once they hooked it up and turned it on you could see there was a big red heart that started flashing and it was going beep, beep, beep, beep and the one nurse looked at the other nurse and said, "maternal," and right then we knew that the baby's heart wasn't beating and that nurse who said "maternal," she left and then the other one. No one really said anything to us but we knew what was going on and it was an incredible shock. (Dave, 5.3)

> I decided I'd better go with my wife to her doctors appointment because she had been feeling sick. It was at that time he found that there was no heartbeat and we had another ultrasound, a second ultrasound and they determined the baby had died three weeks earlier so we were quite shocked although we were a little bit prepared, somewhat prepared for it because we felt that there was something wrong but it was still quite a shock. That's for sure. (Glen, 0.4)

Denial was also apparent when learning of the death. The fathers thought that maybe there had been a mistake and that everything was going to be alright. Frank expressed his denial in the following way:

> It wasn't real. It was like I kept thinking, he's going to come out. He's going to yell his head off like all my other kids and he's going to come out but he's not going to yell and the doctor's going to spank him on his butt and he's going to just, bang! You know. You just need to jump start sort of thing. (Frank, 0,3)

One of the fathers was faced with a difficult dilemma prior to the death of his child. His wife was feeling sick so she went to the doctor to be checked out. During this visit the doctor informed the couple that there was something wrong with the placenta and it was slowly poisoning the wife. The doctor recommended terminating the pregnancy which was where the dilemma occurred. The father was caught between wanting to protect this baby and the safety of his wife. He was looking for any option to save his child's life but slowly all those options were being taken away. This father was bargaining when he considered giving his life for his child but this was not possible. This father was caught between the concern for his wife and his unborn child. As it turned out, the father did not have to decide as his wife went into labour on her own.

> They phoned me at work and I went down to the hospital and the doctor came in and basically told us that there was a major problem that the fluid was developing on the inside of the baby and as far as he could tell, there seemed to be some severe abnormalities and the toxin levels in her blood were extremely high and evidently the placenta was not cleaning out the wastes properly and was poisoning her and he said that, "We have to do something because in the next couple of weeks, your wife will be poisoned to death." He figured the baby would probably live two more weeks at best so he recommended that we take the baby and, of course, we didn't want to do that. I was looking for options to solve it. I began discussing things with the doctor. Well, one by one all the options were being taken away so that there was basically two options. Either continue with the pregnancy at the risk of losing my wife and the baby, the fetus or we terminate the pregnancy and then give the medical attention to my wife. Well, at that point there really wasn't a choice. I mean, I wasn't about to continue that but we didn't want to say the word "terminate the pregnancy" just 'cause we wanted this child so we were trying, you know, "Is there anything you could do? Anything heroic you

> can try"? My feelings were wanting to protect that baby. That's the feeling that really came out. I have to protect his baby. Now, I'm going to kill it. That's where the problem was. I want to protect him at any cost, I would give my life for my child, uh, and so the thought of having to take my child's life to save my wife was just like I couldn't cope with it. At that time I don't think you could make a coherent decision but at any rate she went into labor on her own so the decision was out of our hands basically. (Eric, 3.8)

For some fathers learning of the death was followed immediately by labor and birth. Those fathers who found out about the death prior to labor were sent home with their wives to wait for labor to start naturally. While some of these fathers continued on with every day life hoping there had been a mistake, others responded by not knowing what to do. This behavior was described as purposeless activity:

> We just got into the car and drove. And just drove and drove and drove like out through the city and out of the city and..um..thinking and crying and uh..sort of trying to let the wind blow some of the anxiety away. And there was sort of two advantages to it. You could be distracted when you felt like it or you could think a lot about it if we wished to. So that was kind of therapeutic and that was like within hours of the same afternoon. (Barry, 0.4)

Acknowledging the Child's Reality

The father's experience of the birthing process included both labour and birth. Their wives underwent the same labor process as would a woman carrying a live child. All of the fathers were with their wives as they went through labor.

The birth had a significant impact on the fathers. It was at that time that the reality of the child's existence was realized. Five of the fathers reacted to the birth by deciding to hold and see their child to say "hi" while three decided not to see the child.

Labouring For Nothing

Initially the fathers wondered what the labour would be like; would it be a vaginal birth or a cesarean section? All of the women underwent labour intending a vaginal birth, with one labor ending in a cesarean section.

The fathers that knew before labour that the child had died found the labour very frustrating. In their minds their wife had to go through all the pain of labour virtually for nothing. The fathers felt useless and found it difficult to see their wives in labour. The time passed slowly at the beginning of labour and then seemed to quickly race along. There was no gratification to look forward to as there would have been in the case of a live child, only pain which made it difficult for the fathers.

> We just sat there not knowing what was going to happen next and at the time I didn't even know what the delivery would be like. Like whether it would be a normal delivery or whether it would have to be a c-section, I had no idea. (Dave, 5.3)

> I couldn't believe that we had to go through the labour process for virtually no reason in my mind. (Andre, 3.7)

> My wife started having contractions and really subtle ones but she was quite impatient at that point....So we went to the hospital like really early in the morning. They put us in a separate room and we just kind of

> waited it out. It was still going pretty slowly. Through that experience we just sort of waited for the contractions to increase. And I think that's probably when I started feeling the disappointment. As well as the uselessness....I felt kind of helpless....And that was very frustrating. The feeling and the anguish was sort of so profound at that time that we were kind of vacant of tears. They had decided to go through with a vaginal birth. My wife had a caesarean with our first boy. She had a fair amount of sentiment for wanting a vaginal birth and had joined the VBAC group as well as finding a doctor that would go along with her wishes. But during the labour the patience and the pain and the speed of the delivery were all too hard to take. They finally gave her an epidural and she got to a point where she was feeling no pain so that really helped. Then things started to happen, move along much faster. There was no time in my own experience to sort of ponder it. I was just racing, you know. Even though all I was really doing at the time was just sitting in a comfortable hospital room waiting for this baby to be born. (Barry, 0.4)

Because the baby was induced early Glen and his wife had not attended prenatal classes. They did not really know what to expect with labor. Glen also found it difficult to see his wife in pain.

> Wednesday the inducing kicked in and she gave birth 11:38 that night...Her parents were with us all the time so we had that support but it was very tough to go through it all, painful for my wife and hard for me to, you know, watch and be involved and see everything happening, see my wife in the pain she was in. It wasn't a happy thing....the pain is probably just as much as it would be if she was giving birth naturally to a live baby. But it wasn't gratifying like it would have been if the baby would have been alive so it certainly was rough. (Glen, 0.4)

Birth

It was during the actual birth that the fathers realized that the child was in fact real and that **this was their child**, signifying for some the transition into fatherhood. Seeing the top of the child's head as it emerged from their wife's

body was the first indication of the reality of the child which for some men reinforced their role as father.

> When the baby actually started to be delivered, he came down the birth canal and so forth (heavy sighs)..ooh! (Sighing) Ooh! Well, at one point, I could see the top of his head. And it sort of..wet black hair on the top of his head as the top of its head started to emerge. And then..as though it was kind of like a rock....It was all just very cool. Probably like from as deep (crying) in my soul as possible there's this wave of sentiment just roared through me! (crying) Because it was sort of..the physical evidence I was experiencing, I uh..(sighs)..and everything I was feeling for myself and for my wife I then felt [for] this person but only way far more profound. Like far more. And it was all sentiment. It was just; like what I mean by sentiment, it was like..(sighs)..just like every aspect you're feeling. Like what we consider love and what we..(sighs)..sort of pride and admiration and everything. It just seemed like a flood kind of came through me. It was just like roaring all around me. I just sort of held it and I mean, I didn't really; I mean, it was way-it was far too strong to even cry about it at the time. (Barry, 0.4)

Frank's immediate reaction was to compare the baby, as he was born, with his other two children:

> The first thing we saw when our son was born was this full head of absolutely gorgeous curly hair, just an absolutely beautiful face, you know, even though it was black and blue, just absolute, the features were just beautiful and I look back and we have pictures of our other kids and I look back at the pictures and you could tell that he was a product of his mother and father. To see his full head of hair and his eyes closed and five fingers, five toes, two ears, one nose, all the accessories. Everything was in perfect proportion. The baby, he was perfect. (Frank, 0.3)

Saying "Hi"

Following the birth the fathers were given the choice as to whether or not they wanted to see the child. Five of the fathers saw and held their child. This provided an opportunity, as Chris said, to say "hi" and meet the child. It allowed them to realize that this was their child. Their focus was on the child not on their wife as they might have expected. They were surprised to find themselves looking for family characteristics as well as counting the number of fingers and toes just as one would do with a live child.

> After he was born they wrapped him into a little napkin or a blanket and, uh, and put him in a little basinet and I went over to pick him up. My mom was there and I was there and so my attention was more focused on to the baby and, uh, then they finally, when they did take the baby out that's about when I broke down. (Eric, 3.8)

> They wanted to know whether we wanted to see her even and there was no way that I wasn't, my wife thought about it prior to the birth and I really didn't think about it much but she thought, well, "I don't want to hold the baby. I don't even want to see the baby". When it was all over we both wanted to hold her and I held her more than my wife. My wife was, um, a little frightened to hold her. She was very delicate and, um, 'cause she wasn't fully, her bones weren't fully formed my wife didn't feel comfortable with holding her too much but I held her a lot. I don't know for how long but I had no problem with it. It's was a whole lot different than holding a nephew or a niece or something. It was a mystery of creation really for me. It was like this child my wife and I, we helped bring into this world and I didn't want to let her go, you know. I was happy to at least get the chance to hold her, but it was hard definitely. We both cried a lot and every time, it was interesting to me that I would be looking at all her fingers and her toes like a father and mother would do with a live child. You know, after being born I heard so many times that, "we counted all their toes and fingers" and I found myself doing the same thing even though she wasn't alive. I was so happy to see her, she was a striking resemblance to my wife and had her many features, her long fingers and so I was just perplexed with how perfect she was

> and I counted all the toes and fingers and everything was there so, uh, it was a good experience for us to at least be able to hold her. (Glen, 0.4)

Two of the fathers (Andre and Howie) did not hold their child but were able to see them through a picture. Although these fathers were somewhat satisfied with the picture, they wished they had held their child.

> We have a photograph of our daughter but I didn't hold her...When I look at the picture I feel like I would have liked to have known her. (Howie, 4.4)

One of the fathers did not hold or see his child even through a picture and regrets it to this day. Five years after the death this father feels "it's still open" and always will be because of the decision he made not to hold his child to "say hi". This was a decision that could never be changed. This father would also do anything to have a picture of his child.

> They asked us if we wanted to hold him, to see him and I think this is the number one regret in my life because we said, "NO" and we didn't know. We weren't prepared psychologically. We never even thought of something like this. I had been up almost 24 hours. My wife had just gone through this labor and delivery. She had had Morphine, you know. She's in no position to be too rational, I don't think. I'm in, not in much position. I don't know what's going on so we say, "No" and, you know, they tell us that he's normal. He's fine but he's not alive but other than that, he's fine. Uh, so they asked us several times and I think that's to their credit. I regret not having held my baby and that's the hardest thing because I can't change that. There's so many things I do in my life. I get mad at somebody. I have an argument. I can fix that but this one I can't fix. It's over and there's no going back and I just can't do it and we don't have a picture and maybe at the time if the nurse had said to me, "Do you want us to take a picture"?, I would have thought it was unbelievably rude. I don't know. But today I'd do a lot to have a picture but I can't. It's out of my hands. It's done. Maybe you can't take pictures without consent but if they were on file somewhere I'd certainly

> apply for one....It's still open. It will never be closed because of the decisions we made. We didn't finish it the right way. I never saw the baby. It was like, you know the baby is there but there's no memory in there of an image, no cry, you know, nothing so that's, it's open. (Dave, 5.3)

When the fathers were asked when they felt the transition from being a husband to being a father occurred, they stated it was when the baby was born. As indicated earlier, watching the birth and holding the child following the birth were indicators of the reality of the child. The reality of the child's existence also signified to the man, the reality of being a father. Even Glen who commented earlier that he felt cheated of fatherhood clarified that he still felt like a father to his stillborn child. Fatherhood to Glen meant the various activities that occur as the child grows up such as teaching the child how to walk, and to play ball; he felt cheated when he could not begin these activities.

In our society there are certain rituals which are used to acknowledge that a man has become a father. For example, the change in status is acknowledged by the receipt of cigars and congratulations from peers. When the child is stillborn, these acknowledgements do not always occur.

> You're not a father, from my point of view, you're not a father until the baby's born. The whole cigar thing. You know, you hand out cigars when the baby is born not when your wife gets pregnant and men don't think about miscarriages. So it's the birth, I think, for me, for a dad. I hadn't even thought about it till now but with my son that died there are no cigars. There's no birth announcement. There's no, all those things you imagine your transition into being a father, that mark the occasion where all your buddies at work give you the high fives and all that stuff. You don't get any of that and so it's just that sort of that numbing, did it

> happen or didn't it happen experience. It's almost like there's no proof any more. Like it's, you've got to, it's in your memory but you almost doubt yourself sometimes of what really happened 'cause it's, all those other markers aren't there. (Dave, 5.3)

For Frank, a third time father, the first cry, following the birth of a baby, was critical to his feeling that he had become a father:

> The only time a father really, really has to truly deal with a birth or stillbirth, it doesn't matter, is when that baby breathes that first breath of air and there's that first cry. I mean, I'm a father of two live children. I can tell you that when your children first cry, that's when you feel father paternal instinct, at least that's for me.

Acknowledging the Loss

The time of birth was a time when the impact of the death became reality for one of the fathers. According to Glen, "I guess it wasn't so bad until the actual birthing. That's when it really hit hard." The impact of the reality of the death for others came later when they held their child. The fathers found holding the child a very satisfying experience and were surprised that the fear of death they had worried about did not exist.

> I couldn't get it out of mind that..(crying)..that my child was there somewhere. I called the nurse and uh..they had wrapped him up and put him in a room on the same floor I was on. So I went in to visit..(crying)..then she left me and uh..I just held my dead child and looked at it..(crying softly)..sort of prayed to him..(heavy sigh)..it was a really, really beautiful experience. Which I was really pleased with because all the fear that you would have of death..(deep sigh)..it just wasn't there. I was completely filled with sentiment and sorrow and all those things but no fear..it was actually; it was just profoundly beautiful. Which I was really amazed with it. (deep sigh) Like there was nothing cold or awful or terrifying or horrible about it at all. You think it could be

> the scariest part in a sense..but that wasn't it at all....Being able to hold him and look at him and feel his weight and uh..study him was just really satisfying. I was able to completely realize that he existed and that he was my child, my wife's and my child. That he was definitely there and being able to realize that he had died. And I stayed there quite awhile..but probably not even an hour...but it felt far greater because when I think about it, when I had decided to leave the room again I felt quite good about doing it. Somehow I was there long enough, had thought [things] through long enough. (Barry, 0.4)

One father whose child was anacephalic wished the staff had prepared him better for what the child would look like. His imagination of the child was much worse than the picture and if he had known this he would have taken the opportunity to hold his son.

> We didn't see him. Unfortunately we didn't. We had pictures taken. We didn't take them. We didn't request them. The hospital took them and thank God, they did 'cause we saw the pictures afterwards but we did not see the baby. I guess we could have been better prepared for what it (the deformity) would look like. Obviously we didn't see it 'cause the pictures have a toque on our baby boy. I literally had the impression of seeing something like out of the alien movies kind of thing you know. And we didn't want to see it; and because I had that impression, I didn't let myself look at the baby and I didn't let my wife look at the baby so we didn't look at the baby. Didn't hold it. And we regret that in the end in retrospect. (Andre, 3.7)

Grief Reactions and Behaviors

Bargaining Bargaining was a grief reaction experienced by fathers when holding the child. For one father, the reaction was so strong that he was willing to give his own life to have the child live. Even if the child could live for two hours so the father could show him his love, his own death would be worth it.

> The nurse asked me if I wanted to hold him and I sat down in one of the big easy chairs. Here was this life and he was still warm from being born and I'm holding this lifeless form and at that point, I mean, if I could have died at that moment and given him life without a thought, without a second thought just right now [snaps fingers] I'd do it. Give him life. I mean, I've had 38, 39 years of life. Why can't he have just even, even if he could have lived for two hours it would have been worth it for me, just to let him know that I loved him and it was so hard to sit there with him and feel like how, what can I do to give him life and the realization that there's not a thing that you can do and yet you want with all your heart, with all your soul, with all your body just to hold him, like in my mind, if I just hold him like this, keep him warm, if I can just show him he's loved, that he'll always be loved maybe there's a spark somewhere that will just bring him to life. You know, you're hoping for that miracle of life....Why should I live when my child died, O.K. and I just wanted to die. I wanted to give my life to my child and I couldn't. I couldn't. (Frank, 0.3)

Disappointment The overall feeling in the grief reaction in response to reacting to the birth and realizing the death of their child was disappointment. As Barry said, "I still felt sadness and disappointment and I felt, you know, great sorrow". The fathers were disappointed that they had come so close to having the child but now there was nothing, no child. They felt cheated and that they had wasted their time. In some cases, they had waited for nine months for this child. At the same time, this disappointment can be so strong that the fathers felt it should be controlled so that it does not get out of hand and affect the death of their child.

> I think through the whole thing I felt very, very sad that I was cheated of fatherhood...When the baby died, I just felt so let down. I felt cheated and I don't know if I ever really felt envy when I saw other people and their babies but I felt sadness that this is something that we could have had. We could have had it, you know, a perfectly healthy child. (Glen, 0.4)

> It seemed like such a waste, I suppose, you know, all that time. We only had a week to go and then there was nothing there. We went through all of that and there's no end result, it just left a big hole. (Howie, 4.4)

> It's not time for sort of egocentricity or any other selfish problems to come into it. You're going to feel bad enough. You're going to feel sorry enough for yourself but don't bring any other personal baggage to it 'cause it's just frivolous. It's like you can't worry about silly prides or..abstract concerns, you've got to definitely keep that out. I'm referring to disappointment. That's really what I decided that I was feeling - my own disappointment. You can't let that sort of get the best of you. I guess you want to avoid anger and resentment and sort of madness because those are all sort of exaggerated disappointment. They're the bad results of disappointment in my opinion; I mean, all you are feeling is disappointed. You're allowed to feel disappointed but don't let it affect anyone else and definitely don't let it affect the sort of beautiful death of your child. You're not allowed. You have no right to let your personal disappointment,..get in the way. (crying softly) It's like..(sigh)..your disappointment is too petty for the significance of what has occurred. This was a life. This was a complete person. You should concentrate your energy in your sadness...in their death. But I don't believe you have the right to damage that beauty by dwelling on your disappointment (sniffles and sighs). (Barry, 0.4)

Anger Anger began to surface for some of the fathers when acknowledging the child's reality and then death. The fathers were angry that their wife had to go through the pain of labor with no end result. Andre was angry when he saw his wife being hurt by the death.

Purposeless Activity Grief behaviors that occurred in relation to acknowledging the child's reality and death included purposeless activity and supporting one's wife. Purposeless activity was closely related to activity that was out of the fathers' control. The fathers felt like they were being dragged along or were unconsciously doing things that had to be done but someone else was doing

the controlling. It was like being led around by a remote control. For Frank this occurred when he returned to the hospital later in the day following the birth. This behavior was related to being in shock.

> I was fine until I walked into the hospital and then I just lost it. I was still going through a shock syndrome, and this is what I mean, my daughter showed me where to go. My son is the one that asked at the nursing station, "Where's Mrs. Z"? I mean, you'd have an eight year old boy and a four year old girl leading around a 38 year old man and doing the things that the man is supposed to be doing, O.K.? I mean, the only comparison I can think was I was a walking bowl of jelly, just absolutely, just still in a daze...as soon as I walked in that hospital I was gone. I was a wreck. I mean, I wasn't crying. I wasn't showing any emotion. I was just stunned. I was in shock and that's, I think, the only way I can describe it 'cause I spent that whole Wednesday in a kind of a live shock where I did things simply because they had to be done, where you do the steps because it's almost like somebody's telling you to do them. It's not you that's telling you to do it. It's like somebody else is telling you to do it and you are just this robot. (Frank, 0.3)

Supporting One's Spouse The fathers saw their role as being one of supporting their wife. Their hurt came from seeing their wife being hurt. Their wife not only had a stronger attachment with the child during pregnancy but she also had undergone the physical experience of childbirth. The fathers felt that socially they had to be strong to support their wives. The fathers showed their support by being there for their wife, holding her, counselling and consoling her, and making the adjustment easier for her.

> I was more mad than anything. Mad that it would happen to my wife more than anything. I can't say that I had a deep sense of loss at that point in time of losing the child, to be honest with you. I was really more concerned about my wife. I was more concerned about my wife than anything. (Andre, 3.7)

> I had to look after my wife who was this close to a nervous breakdown. So there was no time for me to feel sorry for myself and to wallow in that kind of misery and whatever. I was tough. I don't think about myself. I think about my wife. It was awful tough on my wife to be there and those other ladies are nursing their children and waddling back and forth up to the nursery to look at them and, relatives coming in and the fact that you've missed out on all of that....The hardest thing for this of all for me is that it happened to a woman that I love so much. I don't think about myself. I think about her. I could see her suffering....That next day I couldn't get up and I couldn't get in and out of the shower and into the car and get to the hospital fast enough to see her to tell her that it's O.K....'cause I know that this was not the end of our lives. It took up all of my time making sure, cuddling her and looking after her and talking to her and make sure that she was going to be O.K. But it was good. Maybe that's selfish. In a way, I guess it is. It sounds, perhaps it's going to come off like I'm such a brave guy and that's really not the case. It's just that it was just an automatic thing for me to worry about her. (Chris, 1.0)

> I was trying to do this myself. My wife was an emotional wreck. I was sitting there basically trying to deal with this on a one-to-one basis with our kids and I was discovering at that point that I was the person who seemed to be doing everything - seemed to be counsellor, consoler, the hug giver, if you need anything tell dad. Kids tell dad. Ask your dad and so I was, I became gopher and was basically doing everything and anything I could do for my wife. Do you need a cup of tea or do you need a pillow? Do you need a kleenex or anything like that? I was trying to just make her feel as comfortable as I could and my kids too. (Frank, 0.3)

Experiencing Empty Arms

The reality of the child's death was further realized by the fathers by the feeling of empty arms. The fathers knew they had just had a new baby but their arms were empty when they left the hospital. The fathers had envisioned leaving the hospital as a proud parent with a new child but that was not the case. It was not the happy occasion they had expected. The feeling of empty

arms was not only experienced when leaving the hospital. One father encounters this empty arms feeling when seeing other babies.

> It was really tough because, when she was pregnant I had envisioned walking out of that hospital and the front doors with a baby in my hands, my arms and, it was really tough walking out of the hospital empty handed. We both looked at each other and I said, "I didn't envision it being like this," and my wife felt the same way, so it was really hard to walk out there empty handed for sure and my wife had a lot of trouble leaving the hospital knowing that her baby was still there in the hospital. (Glen, 0.4)

> The ride home was sort of an empty feeling, you know. The trip home was supposed to be a very happy occasion and it was just, just the two of us in the car. It was a very quiet ride. I know, I remember that. (Howie, 4.4)

> I can't watch baby commercials on TV. You won't believe how many baby commercials there are on TV. I still have a tough time watching them or, and I don't watch them. I just turn away or I read a book or anything. You can't believe as a father how empty your arms feel, where you're walking through a supermarket and you see people who have newborn babies and the deepest urge you have to just go over and give them a hug and give them a kiss and say, "Hey, wow. You made it. Good job, man." And I must admit that my kids have been getting a lot of hugs and squeezes lately 'cause I mean I'd be out shopping or something like that and I'll see a baby and it's the same thing for my wife and we'll come home and where's the kids? They need a hug. Daddy needs a hug. See, before it was they needed a hug and now ever since our son died it's daddy needs a hug. (Frank, 0.3)

Dealing with Practicalities

As with any death there are certain formalities that one should consider. The father was often the one that was in charge of making the arrangements. This was because the woman was still in the hospital at the time or it may be a cultural norm that the man should take care of practical things.

> It may be cultural but you're the male, you're the husband, you're not in the hospital. You're the one that has to get out there and do everything. You have to make the calls, make a lot of the decisions, face people, face things and that's what we are brought up to do and, but it's not easy. (Dave, 5.3)

Signing Papers

One formality was there were papers that had to be signed. These papers included the stillbirth registration form, consideration of an autopsy and also donating the body to science or for organ donation. The fathers reacted differently to this phase. For Dave this was a very emotional experience and one with which he felt unready to cope. Anger was still noted in the tone of Dave's voice five years later when discussing the event:

> The next thing that happens they're coming around with birth registration forms, you know, for stillbirth. You know, "Could you fill this out for us"? This is maybe 12 hours later we're getting stillbirth registration forms. We don't want to fill out a stillbirth registration form. [short pause]...They are pushing forms at you for what are you going to do with the body? "Do you want us to take care of it? How about some medical research? We'd like you to sign some consent forms. We want to take samples. We want to do an autopsy. We want to do this. We want to do that." And you still haven't been to bed, you know, and you're dealing with all this stuff. You're an emotional, or at least, O.K. I should maybe talk in the first person. I'm an emotional wreck and these decisions are happening. It's like you've got to decide now. (Dave, 5.3)

Whereas for Glen, it was acceptable that there would be administrative matters that needed attention: "We had some forms to fill out the next day but it was just the administrational stuff that they do."

Funeral Arrangements

Unprepared When it came time to consider what to do with the child's body, the fathers again were caught off guard and unprepared. They did not even know where to begin. Again the feeling of disbelief occurred. They could not believe they had to think about a burial. They had been preparing for a new baby not death and funerals and no one was helping them make these decisions any easier. Yet, for these fathers, the burial or memorial service appeared to provide a sense of closure.

> I had sort of to go down to a funeral home, the experience was so strange. Like what I am doing, you know? It was kind of like still a disbelief, but it wasn't a disbelief that had anything to do with the child. It was kind of a disbelief that, like this just never crossed my mind that we would be doing such a thing? Like what are you doing? This is just completely out of your world. (Barry, 0.4)

> I had not been prepared for this, not one iota....We went to the hospital with the idea in three to four hours maximum for my wife we were going to have a new, a new being, a little dependent person in our family. I wasn't prepared to bury somebody. That was the furthest thing from my mind. Nobody tells you how to bury your child especially if it hadn't happened to anybody in your family before. Nobody had asked me or told me or even given me a hint of some of the things that I could do to make my time of grief a little easier. There was nothing in the book that was there to help me deal with the situation of doing what I had to do to dispose of the body of my son and that has to be there somewhere. Nobody tells you or helps you bury that person, not in the way we were going to do it and I think that's really, really important. (Frank, 0.3)

Private or Hospital Burial Another decision that had to be made was whether the couple wanted a private or hospital burial. Three of the fathers allowed the hospital to take care of the body. The other fathers made their own

arrangements. One of the three fathers who did not take care of the body made his decision based on his wife's request but was disappointed about the decision. They did have a ceremony for their child.

> I wanted her to be buried on my mother's grave site but my wife didn't want to have anything to do with the things after the ceremony. After that ceremony she wanted to leave it for the hospital so I was a little bit disappointed with that but, um, we talked about it later and we thought of maybe putting a little marker on my mother's grave with her name on it. (Glen, 0.4)

Howie (4.4), who earlier stated he was using denial, did not have a burial, but two months after the stillbirth the family had a memorial service. The third father (Eric, 3.8) who chose not to bury his child but had a funeral service still wonders about her today, "I don't know what they did with the baby."

The remaining fathers decided on a private burial. They felt good about this decision because now they have "a place to go" to grieve and pay their respects to the child especially on certain occasions like the anniversary of the death.

> If they had buried her in an unmarked grave we'd never know where and I think now we've been to the grave a couple of times, maybe not as often as we should have but I know where she is. If I want to go and stand over her grave and look to the sky and say, "Hi", and say a few prayers or whatever I know right where it is. I can be there in ten minutes. (Chris, 1.0)

One father who decided on a cremation and then burial of the ashes has concerns about the burial in that now he feels he is committed to living in that

particular city. "We'll never move now because our son is buried here. It's that serious. We have every intention of some day being cremated and buried beside him. That's how strong the tie is" (Dave, 5.3). If given the choice today he would have a cremation but keep the ashes in an urn. That way the couple could move and take their son with them.

Although not all fathers had a burial for their child they all had some type of ceremony or funeral service. Having a ceremony was a significant step for the fathers in that it allowed them to say "good-bye" to their child. "The ceremony was kind of helpful for us to say good bye to her and then we went down to the morgue, saw her again and said good bye" (Glen, 0.4). Saying "good bye" was seen as a type of closure. Dave would have liked to open the casket during the ceremony and hold his baby when saying "good bye". The ceremony was also important in showing other family members the significance of the stillbirth.

> Thankfully, you know, we did take control of the body and we did, I went to the service. You know, I said good bye to the baby with my dad so that part was closed for me. If I could do that over again I would have asked them to open that little casket, it was no bigger than a shoe box, open it up so I could hold the baby. I would have no problem with that today doing that 'cause I've thought about it. But at the time, you know, you think, gee, you're opening up a little shoe box size box with your baby inside. It's not done. I don't, right now, I don't care if it's done or not. I would do it. But again, this is days after the fact so I was not ready but at least I said "good bye" there. (Dave, 5.3)

> We had a rather nice family service at the chapel. And it was quite good because it was; I think it was handled very beautifully and everyone was uh..sort of got to think about it freely and you know, cry and hug around and all. It was sort of emotional and healthy and relieving for everyone

> which is what we had hoped it would be. It was a ceremony that made this sacred and important. It made it significant so that was good. (Barry, 0.4)

When making decisions about the arrangements that had to be made, some fathers were concerned about time constraints imposed on them. Frank was told that he had five days to bury his son. He became frustrated and angry when looking at cemetery plots and then finding out he could not buy it from the cemetery custodian, he had to go through someone else. He felt like this man was wasting his time which he could not afford.

> [The cemetery custodian said] "You can look at these but you can't purchase them from us. You have to go through the city." I mean, here he was driving us around the cemetery. Why was he doing this? You know, why was he wasting our time. I mean, we've got five days to bury our son. "Why are you wasting our time"? (Frank, 0.3)

Dave also felt time constraints, but for him it came from his family. He was given the impression that: There is a problem, let's deal with it now! Looking back, he feels that there was no need for this time push. Taking time to allow emotions to settle would have been beneficial and would have allowed his wife to participate in the service. As it turns out, his wife had just been discharged from the hospital and was not ready to attend the service. "She never got to say good bye." All fathers except Glen, had the ceremony within a week of the death.

> I know both our parents flew out. There was sort of this feeling that it's got to happen now. Like we've got to deal with this now. We've got a

> death. We've got to process this. We've got to get it over with. It's like there was this time push. Like you've got to do it, and looking back, there's no need for that. The funeral home is quite willing to hold your child's body for a long time. They are not in any hurry. It's you that gives them the go ahead of when to cremate and when to have services. The cremation must have been done, uh, within a few days. And there's no need for that because even then, you know, if I'd sort of sat on it, it would have let the emotions settle a bit. My wife gets out of the hospital and it's like a day or two out we're all down at the cemetery having a service, and it was just too much in too short a time and she still hadn't really cleared her head from this whole thing. She didn't go to the funeral home because she didn't think she was strong enough and it was because it was too soon. She just hadn't gotten over the shock yet so she wasn't ready so that's something she missed. (Dave, 5.3)

The fathers were often on their own with making the funeral arrangements. Although some of the men consulted their wives, it was still up to the men to find out what options were available. This task was more involved and difficult than the fathers had thought even to the point of having the funeral homes play on their grief. The issue of being in control was present for some fathers.

> I have to contact a funeral home. Again, I'm pretty well on my own. No, I am on my own so I'm talking to the funeral home and it's hard, you know, because you're talking, I'm talking to them on the phone and I'm trying to find out what the service is and what they do and how much it is and they're, a lot of them and I talked to maybe three places, they're going into this bereavement mode on me where I can hear them playing my grief against me and I didn't like that. (Dave, 5.3)

> This is going to sound very chauvinistic here but at this point on I took over the situation totally. I consulted my wife but at this point I grabbed the wheel and I was riding and I was driving this bus, this runaway train, whatever it was. I was doing the controlling now. I had had my emotional outburst and now I was, psychologically I was in control again. I was going to control it...We went to a funeral home because we thought that when you went to a funeral home you go in and say, "Yes,

> we'd like to bury our baby", right? They say, "O.K., you know. We have this plot." So we'd go in and make all the arrangements and just say, pick out a plot, thank you very much. It's done. You know, wash your hands of the whole situation. Au contraire. The funeral homes in the city do not have access to their cemeteries. You have to go through the funeral home and then you have to go through the cemetery board through the city to get a plot. (Frank, 0.3)

Even though the fathers felt time pressures, they still took enough time when making decisions regarding the funeral and burial. This child was seen as part of the family and therefore deserved the same attention with arrangements that other family members would receive. The decisions were made considering what was the best for their child. Barry put a lot of thought into the type of urn that would best suite his child. Frank continued to look at cemetery plots until he found one that portrayed some warmth. At one place, the ground actually shook as an eighteen wheeler drove by the cemetery. There was no way the family was going to bury their child there.

> They had a selection of urns and I had to sort of choose one of these. I kind of stood there and considered as to whether I was going to make something myself. Or go with something from there and I did quite like this just sort of a plain wooden one. It wasn't plain wood, it was natural and austere and had a lot of integrity to it. I felt the others were kind of still. And so I chose this one. We were kind of making steady decisions about these things and what seemed appropriate and what had the best design and integrity for my baby. (Barry, 0.4)

> The guy put us in the back of his car and he drove us out. He said, "I'm going to take you to Babyland." Babyland? He showed us the, some of the many plots where they put babies and at that point we got out of the car and this heavy eighteen wheeler loaded to the max went by and everything shook and my wife looked at me and I looked at her and I said, "No, way. He may be dead but we aren't going to grieve for him while a heavy trucker drives by. No way Jose"!....(another cemetery)

> They have what they call the Babyland and the Babyland wasn't next to the road. It was nestled in the middle of the cemetery, you know, and he explained that the way they thought about it, you know, the babies should be sort of nestled, cuddled and just the way he was saying this, just so reassuring, so nice to hear someone talk about this incident, you know, this thing happening and giving it some warmth: not like throw the box in the ground, throw the dirt on it and [claps hands] get the hell out of here, you know. That was some of the attitude that I was getting from these other directors, but not from this guy. (Frank, 0.3)

The planning of the funeral was very important for the fathers. One of the fathers felt that since he could not give his son life the least he could do was give him a decent burial. To this point, the father felt that he had not done anything for his son that was different from anyone else. Since he was the child's father he had to do something significant for his son. This meant planning a funeral with all the love and compassion he could muster and in the way that he specified.

> To my wife I said, "Look, I couldn't give him life. Let me at least give him a goddamn decent burial. I can't carry him for life. You carried him for when he was being made. Let me carry him for when he dies. Let me do something." You know, I felt like I hadn't done anything for my son. I hadn't held him except for those maybe half an hour, 45 minutes in the hospital. I had not been there for my son. In my mind, I hadn't done anything for him. I mean, I had gone through the motions of what you're supposed to do but I mean anybody, any Tom, Dick and Harry could have done that. If I had to bury one of my children before I die, I would want to do it in the way I wanted to do it and I was going to do it with dignity and I was going to do it with all the love and compassion that I could muster. I think somewhere in my mind that I thought that he was watching how we took care of him and I wanted to make sure in my mind that when I buried my son that he would know that there was the utmost respect and love and caring and patience that his father could muster. (Frank, 0.3)

Control. Although control was only mentioned by one father in this study, it was a major concern for him and therefore should be considered a possibility for other fathers. Frank was having a problem with not feeling in control as he had wanted. Anger was expressed by Frank each time he felt out of control.

Frank felt that since he could not give his son life the least he could do was give him a decent burial. As time went on though, he felt that maybe that was not possible either. Through his searching, he found a place that gave him back the control that he wanted and would allow him to bury his child exactly as he had wanted. Frank felt quite a relief knowing this.

> In our own minds we knew how we wanted to bury our son but after talking to this guy from the cemetery, from the funeral home we realized that this may not be possible. It still meant that he had to be put into a hearse which the guy said we don't normally pay for that, normally we ask that you pay for this but if you give a gratuity to the guy who works there, they'll hearse him out and have the pallbearers drop him in and we'll have a minister conduct the service. It just seemed to be so totally out of our control. Like show up, throw some flowers in the grave, say good bye to your son, have a good life, right, and that was not what we wanted and it was really kind of shaking us up. I was getting mad. I mean, not mad at anybody but just, you know, like why can't I control this? You know, why can't I do something? You know, I couldn't give my son life. Why can't I at least bury him. Then at the other cemetery I said, "God, isn't there any way we can control this"? He said, "What do you mean? Your baby was stillborn. Did it breathe life? Did it breathe a breath of fresh air, of air"? We said, "No, he was born dead." He said, "Well, O.K., under the law, you can bury your baby. You can carry him. You can place him in the grave. You don't have to have anybody involved. The only person you have to have involved is me", he said. "And the only thing I have to do is, you can even place the coffin in the grave if you want and fill it if you want. The only thing I have to do is be in attendance to make sure that you get the right grave site and all I have to do is dig a hole for you," and at that point it was like a whole weight had been lifted off of our shoulders because finally it looked like we could bury our son the way we wanted to, O.K., and I think it was the

> first time in days that I finally smiled and I felt good. I felt like me again. I had gone through all this abuse and I was, and here was a person that was telling me that, yes, I could be in control again and I can do what I wanted to do. (Frank, 0.3)

Later, Frank was faced with another problem when the funeral home informed him they had possession of his son. Frank felt like his son was kidnapped, someone else had taken over control. Frank regained control and told the funeral home what he had planned to do. He did not ask if he could do it. Then the funeral home proceeded to inform him that they had destroyed the box the hospital had put the child in. Now Frank had to find a coffin for his son because someone had taken control again. Again Frank's anger surfaced.

> The phone rings and it was the funeral home. "Hello. We're just checking to see what you'd like to do with your son. We have your son here." What?!? You have our son? Who gave you the right to take our son? So here was this guy telling me that they had kidnapped my son, my dead son so I laid into him and then after I laid into him I kind of calmed down and I said, "Well, what are my options here" and then I told him what we were going to do. I didn't ask him, "Can we do this"? I told him exactly what we were going to do and it was going to be done our way so make the preparations now. Wham! The phone went down. They had destroyed the box from the hospital. The box that had not come with our son. Now I've got to come up with a coffin. Where in the hell do I find a little baby coffin? Just one more damn thing that I didn't need. We had solved the situation of how we were going to bury him. Now I had to put something in to bury the boy because somebody had taken control again. (Frank, 0.3)

Inconsiderate People Inconsideration by others was a theme that was experienced by several fathers when dealing with the practicalities of planning a

funeral. Dave encountered this, as stated earlier, with the funeral homes playing on his grief when he was trying to plan the funeral.

Barry was no exception in encountering inconsiderate people. His dealings occurred at the funeral home when he went in to pay for his son's cremation. He had intended only to make the payment at that time and the urn with the ashes would be picked up the following day. Barry was not prepared for what happened next. The payment was made but the entire encounter was handled like a normal business transaction even down to the tacky plastic bag that the urn was put in. Barry was then expected to take the urn with him. He was not prepared for this.

> We had prepared some things that we wanted to put in the urn with the ashes. So I had taken that along with me at that point. So I'm there-I sort of said, "Well this is to go in here and I also have a cheque with payment." And he said, "Okay well, I'll just take care of this" and he came and he took the package. He said "Then we'll take care of that-the payment." He comes out carrying the ashes, the urn of ashes, right? And I kind of look. Now I'm sort of thinking to myself maybe he has another question or something and he just kind of says, "Well, here we are," you know. And says, "Can we just..we'll step in here" into this kind of accounting office. And I sort of put the cheque down and I'm realizing that well yeah, what he's actually holding is the ashes in the urn right? And so, he kind of hunts around for a receipt book and writes me a receipt and everything is sort of like sort a normal business transaction. And then he kind of digs around in another cupboard and digs out this kind of tacky plastic bag that you know, he puts the urn in and this paperwork and it's well, thank you very much, you know, and hands it to me. And I'm just kind of; inside, I'm a little blown away. When I came out, my dad's eyes kind of went like this and, "Oh, that's it, eh"? All we were doing was like dropping downtown for a couple of chores you know. And this was it. We were actually carrying our ashes. (Barry, 0.4)

Just as Barry was not prepared to receive the ashes a day early, he was also not prepared for what he would do with the ashes. There was going to be a ceremony the next day when the ashes were received but that was now changed. When Barry returned home with the ashes no one knew how they were supposed to act. Were they to continue on as normal or what? This moment that they had intended to make significant was turning out to be "mundane".

> We had gone home and kind of sat there for a minute in the truck with Dad thinking, how are we going to do this? I took the urn from the bag and Dad kind of carried the bag and I walked up with this urn. Everyone had kind of-had gone from a sort of light ordinary thing then seeing this and realizing what it was and not even knowing how to handle it. My wife was there sort of laying in a lounger. It was a very strange moment. It was just kind of awkward and yet everybody wanted to kind of continue in normality they were in you know but then we kind of wanted to say something significant out of this moment and it wasn't. It was kind of mundane and at the same time, it was profound. There was some extremely profound element there. I sat down and sort of put this box on the arm of my lawn chair and just continued to feel really strange. Everything was supposed to be sort of normal, and we had literally just gone downtown to do a chore. So my father-in-law came out of the house in some sort of happy mood and his wife kind of said, "Jim, Barry has the ashes," kind of quietly off to the side but I heard her clear as a bell. Just kind of going, coming out of his jovialness to kind of like, well, how am I supposed to act, right? Well geez, I don't doubt, how am I supposed to act? I don't know how any of us are supposed to act and at the same time, I think we all wanted to act real; kind of take this real seriously you know? So that was a very kind of rattling few minutes of kind of awkwardness and a bit of conversation about it and sort of well, what we thought we were going to do and how we're going to handle with. Whether the ashes were-when or where the ashes might be buried? And we just really didn't know any of that. I mean, we weren't on to those trains of thought. I mean, that was all being saved for Saturday [the next day] and it was going to be some sort of ceremony with it. (Barry, 0.4)

Protecting One's Spouse Protecting one's wife was an issue when dealing with practicalities. One father even gave up his wishes for a burial because he did not want to put his wife through any more than she had already experienced as a means of protecting her.

> It was my wife's decision that the hospital take care of the burial and so, um, she was buried in a mass grave and I wasn't too keen on it but I didn't want to put my wife through anything more and so I just let it, I let it go with that. (Glen, 0.4)

Nursery. The men's role of protecting their wives was evident as the fathers decided what to do with the nursery. Some felt that the nursery should remain the same but closed the door as a means of protecting their wives. This way everything would be ready for the next child. Others dismantled the nursery to remove any painful memories. One father even sold whatever he could, to get rid of the memories of this pregnancy.

> We were really excited we bought a change table and a dresser and we had been given a crib so the nursery was all set up and we had just put up a wall paper border so it was all ready. We were thinking about taking it down but decided not to so everything's all set up and ready to go again. And we didn't want to tear it all down. I think maybe, it was hard for my wife to walk into the room at first but, um, I think she would have liked it better to walk into the room seeing the furniture is still there rather than having an empty room so I kept it all set up. Just never had it in our hearts to take it down. (Glen, 0.4)

> I had to come home and had to take the crib down, you know, clean all the stuff out of there and put things away and then we sold whatever we could just to get everything out of the house basically that would remind us of the pregnancy. (Eric, 3.8)

One of the fathers was an exception in that he felt unable to support his wife. Eric felt that both he and his wife needed support so they were unable to support one another.

> My wife is as hurt as I am so she can't give me comfort. I can't give her comfort 'cause we're both fatally wounded type of thing. (Eric, 3.8)

Although the fathers wanted to be able to support their wives through this difficult time, their ability to provide support depended on their experience of previous losses and the amount of support they were receiving themselves.

Previous Loss. The type of loss previously experienced had an effect on the father's role in relation to supporting his wife. Two of the fathers had experienced miscarriages at various gestations but they felt this did not help ease the reaction to the stillbirth. These fathers felt that this type of death was totally different. They did not feel that at the time of miscarriage the unborn child was a definite person in the way that the stillborn child was. The fathers did not grieve for the miscarriage but did for the stillbirth. The difference between their attachment to the unborn child at the time of the miscarriage and the stillbirth could explain their reaction.

> We had a miscarriage after, the next pregnancy and it was fairly early. I think it was eight weeks or so but there's no sense at least for me being, maybe being male but at least for me, there's no sense of the person the same way as there is for the stillbirth. I guess I just bring that up as a comparison. It's like the baby that's full term and is born dead is, to me, is clearly a person and, you know, deserves all those rights that people get. With the miscarriage, it's more fuzzy and for me it's not the same. (Dave, 5.3)

When the father had experienced the previous loss of an adult, he felt he was better able to help his wife cope. Two of the fathers lost their mothers when they were teenagers. This experience forced them to grow up in a hurry and taught them what it was like to have some one they loved die. Although one of these fathers stated that one never gets used to death, previous experience allowed him to support his wife in a way that he otherwise believed he would not have been able.

> When I had the Mountie come to the door and tell me that half my family had been wiped out in a car accident, you know, I'm 13 years old and to me, jeeze, that was the end of my life. It felt like that's it. Mom is gone and she's not ever coming through that door again kind of thing but the older you get, it's a little easier I think. The fact that you have a little bit of practice is definitely a help. You get used to it if there is such a thing as losing people you love with all your heart we get used to that. I believe I have. I've gotten as used to it as you can get kind of thing and I've seen people in my travels with drinking and drugs, I've seen people die before and I've seen dead people laying around and so you get hardened up to it. That hardening you get around your heart and soul area stays with you. It doesn't keep you from being compassionate or any of these other things. It's just it's there....Losing our daughter, now there's something that I know about and I'm good at and I can help these people and that's what I did. You know, this is something I know is tough on all these people and it's tough for me too but I mean, I have got that experience to draw on and I know about death and so forth so I can help my wife through this hard time. (Chris, 1.0)

> I really did have a tough life. My mother died when I was 16. My parents were divorced. Father rejected the whole family and, uh, so I didn't have a father. I was alone, you know, at the age of 16 in a large family of 11, I still felt alone. I went through all kinds of things growing up that I know so many young people don't go through and so I think I, all through my life, I was prepared in a manner of having to experience life sooner and having to experience death. My, one of my oldest brothers just died last year and so I've been through a lot of death and pain and hurt. I don't think you ever get used to it but I think I was more

> prepared for it whereas my wife didn't have those experiences. She had different experiences. I think I learned from my childhood how to experience and how to handle the death situation and bad times so I think that's why I kind of bounced back a little quicker. I was then able to help her through everything. (Glen, 0.4)

Support For Self. The main role for most of the fathers was to support their wives. Although some of the fathers did not feel that they needed support as Chris said, "I didn't need any support, but if I did I knew God was there for me," others felt that they were so busy supporting their wives that their own needs were being neglected. These fathers wanted someone to recognize their needs, to listen to them and to ask how they were doing. After one father talked openly with his wife and felt some of his needs were being met, he was able to be strong for his wife again.

> Just being there for my wife was enough support for me. The fact that she needed me there and doing something was enough for me. It gave me a reason for being there. (Howie, 4.4)

> I took care of my wife...but there was a point where I felt that my hurts and my pain were being kind of ignored and that my wife was expecting me to help her and that my problems were secondary. I had to be emotionally strong for her, holding her all the time when she cried and there was nothing for me, no support for me. I felt alone. I didn't have any support. My wife just wasn't there and my family wasn't there so I felt quite alone and there was a point where I did crack. [chuckles] It was getting too much for me to take care of her and not get anything back. I couldn't handle it any more, keeping the feelings to myself and it was good to get it all out. She found out some things that she didn't really know like how I was feeling. After that breakdown I was able to be more strong for her and she understood where I was coming from and she started to help herself a little more and understood how I was feeling. (Glen, 0.4)

> My wife had had all these people in her room right from practically the moment that our son was taken from her, people checking on her and making sure she was O.K. I had not had one person, not a counsellor, not the Sister, not anybody ask me how I was doing in the sense of ME....this cemetery caretaker was the first person that I talked to after two days that I really seemed, that really seemed to me like he wanted to hear what I was saying and I think that was the most distressing thing for me is that I was going through this thing. I was trying to be a pillar of strength for my wife, a pillar of strength for my mother-in-law, a pillar of strength for my kids, a pillar of strength for my brother-in-law who was still living with me, trying to organize all this damn stuff and keep a cork on a bottle that was right full ready to pop with emotions and nobody, nobody to this point was willing to listen, willing to ask me how I was feeling until this guy, a lowly city employee and it felt good. It felt real good to have someone ask about me. (Frank, 0.3)

Although the fathers had certain practicalities that they had to carry out, they were not immune to the physical manifestations of grief. The most common physical signs and symptoms of stress included memory loss or forgetfulness, lack of energy but not really feeling tired, and anorexia. One father commented on his hair turning grey as a result of the stillbirth.

> I always put my car keys in one location in the house. I had to go to the city to pay for the cemetery plot. I ran around the house for 20 minutes, where's my keys? Where's my keys? And I was absolutely frantic and then when my mother-in-law pointed out that they were in the same spot where they had been for four years, you know, like where I put them every day for four years then I realized like, shoo, [whistles] you know, mental gone. (Frank, 0.3)

> I was instantly exhausted. The way I felt it was like, it was like something just unplugged me totally and the energy was gone. I mean, there was no way I could stop and of course, I didn't feel like tired like sleeping. I just felt sort of zapped of kind of energy. It just was like all positive energy was sort of pulled out of me. (Barry, 0.4)

> The other negative side effects of it is that after not eating for four days I dropped 22 pounds. I hadn't eaten for four days. I did not want to eat

> for four days and after those four days when our family got back to a unit and I got into a work mode, I would force myself to eat. It was a sort of temporary anorexic syndrome and I forced myself to eat simply because the logic part of me said you're working, you've got to eat. I now have grey sideburns. I did not have grey hair before that day so stress has a way of showing. (Frank, 0.3)

Incorporating the Child into the Family

The fathers began incorporating the child into the family with the funeral arrangements. The fathers thought that the child was significant and therefore deserved the same type of funeral arrangements that other family members would receive. For Frank, as stated earlier, the purpose of the funeral arrangements was to prove to his son that he was loved by his father.

Fathering Activities

There are certain fathering activities that a father does for each of his children as a means of incorporating that child into the family. These activities may vary from father to father. For one father, performing some of these activities was important to assist him with feeling that he had fulfilled some type of fathering role for the stillborn child. Even though the child had died Frank felt he had do certain things to prove to himself that he was this child's father. The main activity was reading the same story that he reads to his other two children and the plot of the story says that as long as someone reads my baby won't be alone. Frank read this story to his dead son on the way to the funeral. Some other activities included dressing the stillborn in the same outfit his other two

children used when leaving the hospital and wrapping him in a special blanket for the burial.

> One of the things that we did and we have done for all our kids is there's one story that we've read to every one of our kids. What we did is that we read our son the story, the little child's story that we have read to every one of our children and the basic story is that there was a mother who had a baby. Every night she would say a little poem to this baby and as the years go by she keeps saying this poem to her teen, you know, to the adolescent, then the teenager and then to the man and one evening the man gets a phone call from his mother and despite trying to do it she can't quite say the main chorus of the poem so the man drives to the mother's place, climbs in her bedroom window and cuddles his mother and he says the poem to her. Then he goes home and he reads the story and the poem to his daughter, his baby daughter and the basic end of it is that as long as somebody reads, my baby won't be alone and I had the opportunity to read my son the story, the one story and I cried like a baby through the whole thing, but I got it out and knowing that my son got his story means a lot to me. Also another thing that we did was that we put a picture of our family in the casket with our son so that he will, in our minds we feel that he never has to sleep alone and he's still in the same outfit that he was given, blue outfit that each, that his brother and sister had been taken home in so we like to think that he's gone home in the same outfit as his brother had gone home in. He's wrapped in a blanket that his great grandma has made specifically for him. Each one of the kids have their own blanket and she had made a blanket for him. (Frank, 0.3)

Naming

All of the fathers named their child. The name was significant in recognizing the child as a person and the child therefore deserved a name. Naming the child was another way the fathers incorporated the child into the family. Dave stated " The name gives you a chance to put a package or a label on this person to make them a person instead of a thing".

For some, the name was not the one they had planned to use. One child was named by a nun during the blessing in the operating room. There was no name on the chart so she delegated a temporary name. Initially the father did not mind as he had fully intended to change the name after he had talked to his wife. The wife thought the name chosen by the nun was appropriate so she decided to keep that name. The father felt the name was too plain for this significant child but did not act on his feelings. To this day the father will not refer to the child by his name, only "my son".

> We had passed around several names but we kind of like to take our time because the name was very significant to us. So we hadn't decided really. When the baby was born, he was baptized as John. So it was just like an appropriated name. It's like in that religion, they take sort of a sacred name and use it. And John was good because it means "gift from God". So basically, the nun just used it because she had seen that we had no name for the child and she didn't know us or how we were going to react. She used this name in the baptism, right. She then kind of told me later when we sat together, she told me-she had used this name in the baptism because there was no other name given at that point. So it brought to my mind that, oh I would never have named my son John. But I didn't do anything about it at the time. I just accepted that as a part of that ceremony and that would be discussed with my wife. So I think it did come up later. And my wife actually accepted it. She has a brother named John and she kind of liked it at the time that it was handled like that. And she kind of accepted it too. And so, I kind of let it go. But you see, I was not actually liking the name and I should have acted on it. But I let it go. And it bothers me because that name actually has all kinds of ramifications in my family and when I hear the name John, I see John applied to the relatives that I have had, people that I don't really like, you know in the one case. And the name John I find is very ordinary. It does not attract me at all. So I mean, my wife kind of likes it. But for the life of me, I cannot call this child John. And I haven't yet. I don't refer to him as John. He's just my son, this baby, you know, type of thing. (Barry, 0.4)

One of the fathers had a name come to him in a dream. He felt it was strange because it was a biblical name and he said he would never have named his child after a biblical person. After knowing the child had died, the father felt that this name was appropriate.

> I had always said I'd never name my kid after a biblical character, you know, a biblical name like a lot of people do nowadays. I remember about a week or so before this happened, I was lying in bed and just woke up in the middle of the night and this name came to mind. I thought, oh, that's weird. That's a biblical name. It was just so strong this name, I just thought, well, that's pretty strange. So when he was born I thought, well, then that's, that's his name. That's his name because of what had happened to him (referring to being stillborn). (Eric, 3.8)

Not all of the fathers named their child immediately after birth. One father waited a couple of months before naming his child. He felt part of the reason for this was denial.

> We were at the point where, uh, we didn't give her a name immediately and what not. I think there was some denial there or something and we finally got to the point where we decided we had to do this. This was our baby. We don't want to leave her nameless and unremembered so it ended up being about two months later when we named her. (Howie, 4.4)

For all the fathers in this study naming the baby was critical to accepting the child as a person and as part of the family. The name gave the fathers someone rather than something to grieve.

Communicating the Loss

The fathers had to deal with was communicating the loss to others. The initial phone calls were very difficult to make. The fathers were being greeted by happy people asking if it was a boy or a girl. The more phone calls made the easier it became as the fathers were getting used to what to say. Most of the fathers employed some type of networking to inform the critical people. They would inform a few people, often their parents, and then ask them to call and contact others. Similar networking was used to inform co-workers as well.

> I have to make the phone calls which is the next hard part so I called my mother-in-law first and I could only really get a few words out, you know. She said "Hello" quite cheery, you know, and I said, "The baby's dead" and she starts crying and I start crying and essentially there was no more discussion in that phone call. I mean, you just couldn't. I just couldn't talk and then I had to call my parents and the parents each called from there. I think I basically just made those two calls. (Dave, 5.3)

> This was the first call that any of these people were getting so I was getting a lot of "Hi, Frank, how are you doing? Boy or girl"? This kind of happy innuendos and I have to tell these people. I had seven phone calls minimum of close relatives that I had to go through this high and low of people saying, "Oh, hi, you know, blah, blah, blah. What is it? Boy or girl"? Happy people on the other end and I've got to tell them, "Aaaahhh, sorry, He didn't make it." I hadn't called anybody at work yet so I knew that they were going to be here in the office about one o'clock so about five after one I called the secretary. She says, "Ah, ha, you've been away. Is this good news"? and I said, "Hang on to your seat." I mean, I was getting used to this by now. "Hang on to your seat. The baby didn't make it. It was stillborn." She says, "I'm sorry to hear that." She says, "Is there anything we can do for you"? I said, "No, just let everybody know at work what's happening and, uh, you know, I don't know when I'll be back. I just don't know." (Frank, 0.3)

One father was so excited when he found out that his wife was pregnant that he called all of his family. When he was told that the child was stillborn he felt embarrassed that he had told everyone about the pregnancy. He did not call them all to tell them about the stillbirth. He only called his closest sisters and asked them to tell the others.

> Like my family's not really close but every time somebody's pregnant in the family, you know, through the grapevine you find out about it and you're happy for them but personally you wouldn't get a phone call from any of my sisters or brothers saying, "My wife is pregnant for the first time." For me, I was so excited to find out that my wife was pregnant that I phoned everybody in the family and to find out that the baby was dead, I felt a little embarrassed that I had phoned everybody to tell them that we were having a child so I didn't phone anybody to tell them that the baby died. I, well, I phoned a couple very close, I have two very close sisters and one brother that's very close and out of eleven that's not so hot but those people I called and asked them to pass on the news if they wanted to. (Glen, 0.4)

Telling others was seen as a role of being a father. The father becomes involved with the birth and then proceeds by telling everyone. Frank felt that it would have been his pleasure to make the phone call if the news was good, it was now his duty to inform others of his son's death.

> I felt that it was my duty, I mean, it would have been my duty to tell them that, I mean, it would have been my pleasure, not duty, it would have been my pleasure to tell them that I had a son, O.K. I would have been bubbling over after that. I was expecting a $200 phone bill after that, O.K, just happy news, telling everybody, I mean, when a father becomes a father you want to run down the streets of [city] throwing out cigars, turtles or, chocolate cigars and say, "It's a boy"! That's the kind of high you have, O.K. I mean, it hits you because up to that point you've got to remember you are sort of not involved, right, and then all of a sudden bang! You're involved and you want to run down the streets say,

> wahoo, you know, I'm a dad. Just as high as you are on life is just as how low you are on death and now I thought it was my responsibility just as it was my duty or my pleasure to tell them about life, I had to tell them about the death of my son so my phone calls started and I called my brothers. (Frank, 0.3)

Telling others was not just an initial duty. It was one that continuously arose. Eric feels it took "probably a year by the time the whole ordeal would have been passed by as far as everyone else." Whether everyone is aware to this day is a question for some fathers.

> To this day, I still don't know if everyone knows, like it happened on the phone the other day. This was just a customer I had and I had seen rarely but my other son had really stuck out one time when she had come by the house and she remembers my wife was pregnant. So she was coming through with - and, "Oh, you must have another baby by now, eh"? And what do you say-this was like a really tough thing to do, you know? It sure sort of shattered everybody in a way. (Barry, 0.4)

The fathers had to decide what they are going to tell others. From early on the fathers realized that the news of their child's death was difficult for others to receive and often made them feel very sad. They had to decide how much information they wanted to share with others. One father was so concerned with making others feel sad by the news that he began telling them that the baby was born and that all was well. Another father went to the other extreme and told everyone what had happened to his son at any opportunity he had. He felt it would be disrespectful to deny his son's memory.

> I had to tell people. But we were so upset by making everybody sad. Especially when they expected the opposite. And I'm not even talking

about our family here....In the family everybody sort of knew early on...but we were just amazed at how friends and people we work with [who didn't know would react] I mean I wasn't filling everyone in as I went along. I wasn't there [at work] so they assumed happy things, you know. Oh well, your wife is having a baby. And all that stuff. It was like happy stuff, right? And there was occasions where I would sort of see people or they would phone and you just kind of floor them, you know? How do we control it a little bit. We didn't want to be a spectacle. At the same time, all the right people sort of had to know. But it was; I mean, it was pretty rough. (Barry, 0.4)

Then we had to deal with people, well-meaning people all the time that would see that she's no longer pregnant and they're going, "Oh great, your baby's born" and all that kind of stuff and what basically we did is we just thought, well, why, why cause unnecessary problems here. We tried to cover it up for those who didn't really need to know. We just said, "Yeah, yeah. He was born and he was all right and everything" and they'd be people that we would be vaguely acquainted with that knew she was pregnant or whatever. People that were closer obviously would know. (Eric, 3.8)

I still have trouble when people say, what was the saying? Oh yeah. They'll say to you "How many children do you have"? And I always say, "three." Like now I say three and then they'll say, "How old are they" or something and I'll say, "Well, one's three years, one's eight months and the other one died at birth" and they'll look at you like, why do you count him? Why did you tell me that? Why didn't you say two? They don't say that but it's like, when people say "How many children do you have" they mean how many do you have alive today? I choose not to interpret that question that way because I think it would be, I don't know the right word for this, like dishonourable, disgraceful, uh, denying the memory of my son and I work at not doing that and that's one of the ways I do it even though I know I have to face those weird looks all the time. I won't choose the easy path because that would deny his memory and I already feel bad enough about not holding him and all that. (Dave, 5.3)

Telling others was when one father noticed the physical effects of grief. Frank experienced a brief memory loss when he called home to inform his brother of the death. To this day, he does not remember making that call.

> When I got home, uh, my brother-in-law who goes to university was still waiting up for me. He said, "How's your wife doing"? I said, "What do you mean"? He said, "You don't remember calling home, do you"? I said, "I called home"? He said, "Yeah, you called home about quarter to twelve", and I don't, for the life, I don't remember. I don't remember calling home. I really don't. I mean, you know, the macho image of a man is, hey I can handle it. I can take it. I can handle anything. You know, throw a Mac truck at me and I can handle it right? And that was the first sign, I think, of how mentally disturbing something like this can be on every member of the family and it just totally caught me off guard that I phoned home and I didn't even remember.... (Frank, 0.3)

Reactions of Others

Once the fathers have told others about the stillbirth, they knew that they had to be prepared for their reactions. While some people were helpful others were not. The reactions of some will be addressed according to their membership in the following groups - professional staff, family, friends, and others.

Professional Staff The nurses were described as being both helpful and unhelpful. They were seen as helpful by being there. One father remembers one nurse who did not say things will be "O.K." because she knew they were not "O.K." so he appreciated her honesty. He felt that the other staff avoided him, giving him the impression that they did not like the situation so they were going to ignore it. Another father felt, be it the nurses responses (or actions) that a stillbirth was not as important as a live birth. He does not plan to return to that hospital (as a consequence). Even routine procedures made things difficult because the nursing staff would reach for the fetal heart monitor when

they entered the room and then realise what they had done. This father felt that he understood the action but it was still awkward.

> I thought the nursing staff were excellent. They were there for us. They didn't shy away in talking to us about it. And that was uh..that was a good experience. (Andre, 3.7)

> The one nurse who really was supportive and I don't know how else to say it. I mean, she wasn't pushy or, and wasn't telling us it will be "O.K." 'cause she knew it wasn't "O.K." She was comforting and there and kind of, if you need anything you know I'm here and that was a lot better than being avoided like the nurse who was teaching our prenatal class who had assured the class that we as a group had nothing to worry about. She was there on the shift when we had the stillbirth and she just avoided us. (Dave, 5.3)

> We had just the feeling from start to finish that a stillborn birth is not important. They were more worried about other viable births and that really made us feel bad so subsequently we are not going back to that hospital. (Glen, 0.4)

> The nurse, I mean it was part of their standard procedure when they came into the labor room to check on you on their regular rounds. They'll immediately reach for the baby monitor. That wasn't a problem for us because we understood it was part of their regular routine but I think when they realized what they had done they really felt bad. I guess that wasn't the greatest situation but I think it was worse for the nurses than it was for us. (Howie, 4.4)

The nursing staff were trying to be helpful by protecting one couple but they were actually doing more harm then good. The nurse did not feel the woman should see her child as his body had deteriorated. The father forced the issue because he knew how satisfying it was for him to see his son. When the child was brought to the couple, they thought he looked fine.

> This nurse was kind of questioning whether this was a good idea to see our son; his body had deteriorated a little more. He's been around like for about four hours or something like this. And she was a little worried about how shocking it would be sort of thing. And she was kind of like slowly kind of discouraging the idea you know that maybe we weren't going to be able to handle it. And my wife didn't know exactly how to cope with this. She wasn't getting upset. She was kind of being led along by it and I got really insistent you know. No, it's okay, you know. And at some point I sort of said (crying softly) that "it doesn't matter how bad this child's body is getting, he's still our child." And with that belief, I sort of forced the issue. So they brought him and he was fine. It was completely satisfying for my wife in the same way it had been for me. (Barry, 0.4)

The reactions from the medical staff also varied. Some were seen as being supportive whereas others were not. One father felt that supporting was not the role of the physician, it was the nurses role. If for some reason they was too busy, then he would look toward professional support such as counsellors for help.

> I just can't believe the caring that the staff showed us. It was absolutely astounding the caring that they showed us. Now our doctor was there and she actually delivered the baby and when the baby was born I looked up at her and she was in tears. She was absolutely in tears. (Frank, 0.3)

> The actual nurses and doctors were a bit of a problem for us because we felt that they weren't doing their job....A doctor didn't even make it to the delivery so the nurse ended up delivering the baby. And the nurses, as I said before, gave us the impression from the beginning that we were not as important as others having a live child. (Glen, 0.4)

> The doctors, they sort of try to help but they are, at least the ones in this particular case, the stillbirth case, they just didn't seem prepared for this at all and the doctor we had told us she had had a stillbirth herself but even that didn't allow her to get out of her role as doctor. She was still busy being doctor even dressed in her street clothes. It was five in the morning. She was called in, obviously, it's a tough job and everything

> but I didn't look at the time to them [the doctor] for support and I wouldn't look in the future to a doctor for support. I just, I have a bit of a bias there but I just don't see them as being trained to prepare for the support role and I see them as technicians and, uh, that's great. When I need a doctor I'm extremely pleased to have them there but they don't seem to be so hot on the support side. I look to the nursing staff more. I mean, that's where I tend to look for support, the first line support and if they're not capable because of their business or training or whatever then I think I'd look to the third line which is the professional support staff like counsellors, nuns, whose ever job it is, if there is a job for people who are undergoing these kinds of crises. I'd like to see the nursing staff with the ability to provide some support, either printed documents or calling in some kind of support, other support people on a routine basis. (Dave, 5.3)

Pastoral care was supportive for some of the fathers. They were available to listen as well as help the couple realize that their child was in a safe place. One nun helped one of the fathers to cry and vent his feelings.

> The pastoral staff was very good, helpful for us. In particular one nun was really, really good for us. She helped us through it all by just listening to us and being an ear and then also giving us comfort in a religious way, giving us comfort to know that our daughter is in a good place now. (Glen, 0.4)

> I think she [the nun] then helped me cry at that point. She then told me...the very special feeling that she had in the operating room when the baby was born and how everyone handled it. Making sure that I knew that it was taken seriously and how it was sort of handled for this baby, it helped. Not so much the fact that the baby was blessed but just that in a sense that part of it was definitely over and that the next stage was upon us...at that point, I was able to sort of cry and thoroughly inbound it. So I cried quite a bit then and that; I don't know whether she was surprised at that and I didn't find it all that hard. I guess there are other examples where men don't cry that easily. And I don't think I do cry that easily very often. But, I wasn't afraid to cry, you know...she made it quite easy for me....It's a profound experience that I had been through, I was sort of able to sort of vent that a bit. And that was quite relaxing. (Barry, 0.4)

The fathers felt that the staff lacked common sense and were insensitive by putting their wives back on a maternity ward following the stillbirth. One woman actually left the hospital less than 15 hours after giving birth because the only room available was on the maternity ward across from the nursery. The nurses did not seem to realize the stress that being on a maternity ward was causing the family.

> They put her back on the maternity ward and there were people going into labor all around us, people with babies. Like we were just down the hall from the baby room where they put all the babies which was very strange for us that they would put my wife in a room where she was in contact with [them]. She had a private room but she still saw pregnant women walking down the halls. She could hear the next door lady going into labor and stuff like that. It was hard. I don't know why they did that to us. Their common sense lacked a little bit there. (Glen, 0.4)

> It's 15 hours after the birth. My wife decided to check out of the hospital. The reason that she decided to check out of the hospital was not that the people weren't doing everything they could but the only room they had available was a private room right across from the nursery and she heard every baby cry. (Frank, 0.3)

One of the fathers did not mind his wife being on a maternity ward. He thought it was helpful for her because she could see other babies and realize that not all babies die. For this mother, being on a maternity ward was therapeutic. The staff were uncomfortable with this mother being there because they thought that seeing other babies would be difficult for her and she might become jealous.

> I got her a private room which was a good thing. But not a private room on a different planet. It was a private room in the same maternity ward.

> There were two advantages to it-she could be completely alone if she wanted to and she could have visitors there and respond exactly how she felt. And uh..and primarily our other son could come in and be completely normal and play normal and appear normal and BE alive and well. While my wife was in the private room in the maternity ward, she actually wandered around to see other babies. And I think some of the nurses were kind of worried about that, you know what I mean? That it might make her sadder or miss this child harder. And she was saying no. It was really satisfying to see happy, healthy babies and their moms, right? And she thought that the nurses probably think like that I'll have some sort of great jealousy that was going to occur. You know when you have a baby and we lost ours. Maybe it is with other people. But it wasn't with my wife. So in a way, we're kind of having to handle other people, because they don't know how to handle us. (Barry, 0.4)

Family and Close Friends Other reactions that the fathers had to respond to were those from family and close friends. Most of these reactions were positive and helpful with the exception of avoiding. This was used by both family and friends. When people do not know how to deal with a situation, they tried to avoid it or the people involved. Frank looked at this behavior first in relation to his family and then in relation to his friends and commented as follows:

> People who don't go through this they think, well, my family will support me, right, you know? Well my brother-in-law, he lives with us. He's going to university. He stays in our place rent free. He was a ghost. I mean, I know he's got his own life and everything but he was a ghost. He didn't want to be in that house at all....Our two close friends have asked us how we are doing. He's married to a darling women, we used to go out to get some breakfast about once a month, just Sunday morning, and we haven't seen them since the funeral and we tried to get a hold of them but they seem to be very busy. It's almost like they're avoiding us some and I think what it is is that it really hit them hard too. They went through a lot for us and I think it raised a lot of bad memories for them and I don't think they can deal with it or they're having trouble dealing with it and they're just preferring to be like me, keep busy and just live through it. (0.3)

On the other hand, initial avoidance may be viewed as positive, giving the couple time to think things through. It was when the avoidance extended too long that it was seen as negative.

> We've got friends that, they had a child and they were really hoping, they are our best friends and they were really hoping to have a playmate for their child. They were really excited about us going to be having this child. They were really sad and let down with the news of the stillbirth. I talked to them a couple of times on the phone during the time when my wife was in the hospital and before she had the baby and after the baby was born and they were really sad to hear what was happening. They gave us some space after the baby was born for, you know, a little while, maybe a week and then they came to visit us. Uh, so it was, they were really concerned. We have good friends. (Glen, 0.4)

The family showed their support by being there for the couple. The couple did not expect anything grand they just wanted to know that they were not alone. One father stated "you find out who your true friends are." Most of the parents came right away to be with the couple and offer any support they could.

> I think the most important thing for me was that they [the family] were just there, okay. They didn't have to say anything. And I mean, if I just put myself in their position, I would have no idea what to say to someone except maybe, "I'm sorry and it's horrible this happened to you et cetera." But I wouldn't know what to say so I wasn't expecting great things from a lot of people. But they were there and the majority of the family members made it there within the day kind of thing. And they were there just to lend their support whatever way they could. And that was the most important thing. Nothing sticks in my mind what people said. Nothing made me upset. Nothing really made me feel better obviously, but they were there for us. (Andre, 3.7)

> I had people coming in from all over, cards, notes, just the support that, yeah, we're here for you. They can't do anything, you know. They can't

> do a thing but the fact that they were there, just that support. You feel an undergirding force of support that they, no, I'm not alone here. My friends love me and they feel this loss. (Eric, 3.8)

> I talked to my best friend on the phone to ask him to help me all I could say before I hung up 'cause I was crying was, "I need a friend" [slightly emotional] and he said he'd be there and you don't get many people like that any more....Then talking with my mother-in-law who, because she works in a hospital she has to deal with death a lot, she just listened and she gave us a lot of points and that's what I mean by the salt of the earth. You know, here's a lady who, you know, she is a grandmother to this child. She was really touched and she's quite an emotional person but here she was trying to help us and again, it was more focused on my wife than the father, you know, than me and I didn't mind that so much because I was focusing on my wife too. (Frank, 0.3)

The return calls, sympathy cards and flowers from family and friends were appreciated but were also difficult to deal with. Each time the father had to retell the events that happened it was like reliving the experience. One father felt good after receiving flowers because it meant that someone did care.

> After I made my phone calls, about two hours later the return calls started coming in, you know, from the relatives, the sympathy calls. That was horrible. You know, I appreciate the calls but the level of stress in having to talk about this time after time. Eventually I stopped answering the phone. (Dave, 5.3)

> This is where, how people react with you really comes into the play. I mean, I called at about five after one and at two, two fifteen there was a call...the door bell rang. Here was a florist with the most enormous bunch of flowers I've ever seen in my life with cards from the people here at work. I mean, I want you to understand this and how, emotional that felt because I'd been talking to family members for two days or people who had been helping us and to general population you meet and everybody was just backing right off, O.K. and here's people I work with, I mean, we know them on a friend-business friend kind of relationship. Like I don't, I couldn't tell you what their kids' names are. I'm temporary. I'm not staff. I'm just a kind of a guy. I'm just there that does the work right and to get this outpouring or this very evident outpouring right away

> like within an hour and a half of me making this phone call. Like it just really hit home. It was really like somebody does care. Somebody really wants to care and it just felt so good that somebody finally in a way said "we care" because I wasn't getting that from everybody else. I mean, to me it felt really good. (Frank, 0.3)

Others Casual acquaintances and others reacted in various ways. Negative reactions were the most common. Avoiding behaviors were again seen. One father was treated as if he had the plague. He had never had such fast service in a restaurant in his life.

> The waitress came over and asked us what we wanted and she made the comment, "Oh, where's your mommy"? And my little three year old daughter, sorry, just a little over four said, "My mommy's in the hospital 'cause our baby died today." Oh! And the reaction of the waitress was if somebody had shot her with a cannon. She stepped back about two feet. She says, "Oh" and it became very, very common practice from that point that whenever we told anybody people avoided us. It's like they didn't want to deal with it. They couldn't handle it. I mean, I have never had such fast service in my life....It was like we had the plague. It was becoming very, very apparent to us, even at this early stage in the people that I was talking to that you mention that your baby died. Eeeuuhhh! Hey, you've got the plague man, like AIDS or something like that. I don't want to touch you. I don't want to talk to you. I don't want to know about it. (Frank, 0.3)

One aspect that bothered the fathers was the comments made by others. These people were trying to be helpful but often said things that made the fathers feel worse. Such comments were "you are young, you can have others", "at least you have two healthy children." These comments made the fathers feel that these people did not think this child was important, or that

others were wanting to ignore the baby. People were wanting the fathers to move on before the families' grief was dealt with.

> But for the men, it's more either ignored or, "It's too bad. We are sorry but let's move on." A lot of people saying, "Let's move on" and you don't want to move on because it's not dealt with yet. You wanted to deal with the grief over your loss and people are telling you, "you're young", like they are telling my wife. "You're young. You can have others"...but they miss the point. You don't care about the fact you can have others. It's this one you've lost. [short pause] So there's that kind of thing and that's a continual sort of irritant, uh, with people kind of wanting to ignore the baby and you not wanting to. (Dave, 5.3)

> They would try to say something nice, something good that would just make my wife and I feel worse. Stuff like "Well you'll try again. You'll have another one." Just making our daughter's birth and death, less than it was, making what our daughter means to us sound like it means less. I don't know if I'm getting my point across. It's just the things that they were saying, they were trying to make us feel better but they were saying some things that we've read since that are no-no's as far as saying to people who have lost children and they were saying all of them. (Glen, 0.4)

> The counsellor at the hospital had warned us that at this time people don't know what to say so they'll say stupid things, O.K., or they'll say things that seem stupid to you but they're saying them because they don't know what to say and a good case to the point is like this teacher at this point said, "I'm so sorry to hear what's happened to you but at least you have two wonderful children" as if, you know, you are only allowed two? And, you know, you got lucky twice so, you know, three strikes you are out sort of thing. (Frank, 0.3)

People would also make comments that the fathers saw as negative without knowing it. This was by asking questions about the baby when they did not know that the baby had died.

> People that weren't aware of what happened and then just saying, "How's the boy doing and, you know, what's happening? What did you

> name him? Oh, he must be cute", you know, and all that kind of stuff. That would be the only negative thing. (Eric, 3.8)

Not all encounters with others were negative. The church, in particular, was helpful.

> The priest offered the help of the church, whatever he could do and he knew a guy in the parish that ran a big funeral home downtown, a real big beautiful place there. We buried her in the Catholic cemetery in a section for infant babies and so on. We got a break there. The whole thing cost us $400 or $500 which was a fraction of the cost that it would have and, but for the church, it would have cost us maybe $3000 or $4000 so I mean those are the things, I hate to put the emphasis on saving money made it easier but it wasn't the money so much as having those people there willing to help and the fact that you are saving a few dollars, I guess, doesn't hurt either but to have the help and Father Joe pretty much looked after it and he said a Mass for her and, that, I wasn't at the Mass, but he said a Mass for her and those things all helped to console me. (Chris, 1.0)

> Our minister and his wife came out immediately and they were personal friends of ours so that helped somewhat and the following night our church choir came out 'cause we were members of that group and helped us put up our Christmas tree and so that was helpful. (Howie, 4.4)

Other people, such as ones boss, can affect the grieving father in the way in which they respond to the news of the stillbirth. Most of the father's bosses were supportive by allowing extra time off. One father was impressed by the fact that his boss took time out of his busy day to talk and listen to him. His boss did not talk **at** him but **to** him. Another father whose boss was also supportive was surprised by the lack of support his wife received from her

boss. It was as if she was supposed to return to work the next day. This added extra stress to both the mother and the father.

> Here's a man who I know as a boss basically, calls me up and he starts talking to me. He was asking me how I felt. And he asked was there anything I needed and it wasn't this kind of - I don't want to hear it. It was "Is there anything you need and I really, really want to hear what you need." For him to take an hour out of his busy schedule, I mean, that meant a lot to me even if he had just spent five minutes with me it would have been O.K. but this man talked to me for an hour and it wasn't, he didn't talk **at** me. He talked **to** me, **with** me, **for** me. I mean, I don't think I said maybe fifteen, twenty words but he talked for me and he asked me if there was anything that I needed to do or that he could do or that the firm could do for me. (Frank, 0.3)

> I guess the most stress that we had as far as what people said came from my wife's work and, those are from her immediate supervisor who is a very cold, and calculated type person, doesn't show her feelings and did say some things to my wife, that really upset her. Like "When are you coming back to work? You'll be coming back to work tomorrow won't you" and this is only a few days after, you know, kind of expecting my wife to forget it all. She didn't need that from her boss. She got the opposite [to what I got] from my work so it was too bad and I wasn't even the person that went through having to give birth to the child and here I'm getting more support from my work than my wife was getting from hers so that was a big, big stressful part of the whole thing. (Glen, 0.4)

One father felt that there was little support available for fathers. Although one nurse and the lady from the funeral home were helpful, for the most part people did not know what to say or do. People, like one's parents, may try but really do not know how to help. Frank gives some suggestion of what would have been helpful for him. Another father comments that fathers do need help but do not know where to ask for this help.

> Your parents try but they don't know, never having gone through it, they can't really understand it and, so I mean they're trying but it's, but there's no one, I can't think of another person who was supportive, you know. People don't know what to do. They're not ready for this and aside from saying they're sorry, it kind of stops there. They don't know what else to say and if they do say more it generally just gets worse when they start saying the parts about you're young and you can have more and so on....I think if I could have been given even a pamphlet, like a little booklet saying look, here's what one father...or like this study, what a summary of people, like this is the things they had in common. This is what they said. This is what you may be feeling some of these things and these are the kinds of things that you are going to have to confront. I think that would have been helpful to get a head start on what's going to be happening and what are my choices 'cause I felt, uh, pushed along the path quite quickly. I don't think I as a father I'd be offended to get something, if it's presented in that kind of way. You know, here's something that you might find useful and, because people are jamming things at you anyway. Things that aren't helpful at all, a little bit of help would be appreciated. (Dave, 5.3)

> I think you could do fathers a real service if you indicated that even though the mother has gone through the physical and emotional trauma and right now fathers seem to put up this persona of being the pillar and post, that there is a volcano inside of that post and that fathers, at least this father, didn't know what to ask, didn't know where to go. You don't even know how to start because you've never experienced it. You've never watched it. You've never been involved so like what's really needed is for somebody to get involved right immediately and show you what to do. (Frank, 0.3)

Struggling for Recognition

Closely related to communicating the loss was struggling for recognition as a father. Being recognized by others as a father even though the child was stillborn was important to the fathers in this study, particularly for the father who did not have other living children. Men with other living children were already

identified by others as fathers, although not necessarily in relation to the stillbirth.

One first time father became angry that others did not acknowledge him as a father. Other people did not consider these males as fathers because they could not produce the child. It was not easy for others to acknowledge the child as they had no proof that the child really had existed. This was difficult for the fathers. One father encouraged friends to look at the picture of his daughter to help them realize that she did exist. If these friends could realize that the child did exist then they might acknowledge Glen as a father.

> There was maybe a little bit of irritation and anger at other people and this is even your own family, your own parents. It's like you're not a father because your baby died. I couldn't believe it. It's like I'd be talking to my dad or somebody else and they'd say, "Well wait until you are a dad and then you'll understand" and my reaction is **I am a dad now**. My baby died but that doesn't mean I'm not a father and they probably meant something like the diapering experience or the terrible two's or something but it doesn't come out that way. They say you're not a parent, everyone's denying that you have a son because you can't produce him. **YES, I AM TOO A DAD** and it's for the child's sake. You're continually fighting to not get them washed away. The rest of the world seems to be [saying] "Let's forget this ever happened" and we're continually saying, "It did happen and we're not going to forget it" and even now our parents kind of look at us strange like, "Why can't you just let this go" and they are missing the point 'cause they never lost a child at any age. So I don't blame them but they have no base of experience to understand the way I look at this and it's a continual battle and that part doesn't go away. (Dave, 5.3)

> The couple, the friends that have the child, they were able to talk about it more with us. In fact...we wanted or felt it was really important that they see a picture of our baby and they were a little bit squeamish about looking at it at first and then once they had looked at her, her picture they were really happy just to have seen her picture. (Glen, 0.4)

As stated previously, Dave used every opportunity he was given to inform other about the death of his son. This activity was a result of Dave struggling for recognition as a father by others.

Coming to Terms with the Loss

The fathers in this study used various strategies when trying to come to terms with the stillbirth. Coming to terms with the loss involved trying to rationalize or seek answers as to why the death occurred.

Rationalizing

Although some fathers referred to events that happened before the birth when rationalizing the death, the rationalizing did not occur at the same time as the event. Rationalizing occurred at different times for different fathers and for some fathers was still occurring during the interview. A specific time as to when the rationalizing began was not identified by the fathers except for being some time after the initial shock.

Blaming One means of rationalizing was to blame someone. Blaming was used by some fathers but not all. Some fathers felt that there was no use in blaming others, it would not change what had happened. Those fathers who did use blame either blamed themselves, which was manifested as guilt, or blamed others for the death of their child.

> Our baby wasn't dropped at birth and there wasn't some horrible accident, you know. There wasn't some kind of medical malfeasance or something. Uh, the baby was dead when we got to the hospital. It was nothing they did. Uh, so there's no blame to be laid and nobody really knows what happened but the thinking is that it, like it was ruled a cord accident. (Dave, 5.3)

> There was one time where I was away for a week probably about three, four weeks before the baby died, maybe a little more and I felt a little blame because my wife doesn't like to be alone and she felt a lot of stress and so I felt a little guilty then because I felt maybe I had brought on some of this through the stress because of my wife's condition of high blood pressure, pregnancy-induced high blood pressure. I felt maybe I had something to do with that, leaving for a week and her going through the stress and alone and, uh, so I felt a little bit of guilt. (Glen, 0.4)

> On the guilty side - my wife's birthday is the 29th of the month. My birthday's the 29th of the month. We're only the same age for three months. We were both 29 when my son was born on the 29th and my daughter missed the 29th by 29 minutes. And here's where the guilt comes in. As we were going to the hospital, I leaned over and I said, "Baby, it's not time. Wait until the 29th." I will live with that remark for the day that someone throws a shovelful of dirt in my face [slightly emotional] 'cause I feel like I jinxed my son 'cause I told him to wait because I wanted him to be born on the 29th. I wished my son not to be born because of some silly number game. (Frank, 0.3)

> I felt resentment towards the doctor because it ends up that he was a little negligent so I had a lot of anger towards the doctor, not at first but later on. I blame him for what happened to our daughter....We were unhappy with the doctor because we found that there were symptoms that he missed prior to even the baby dying three weeks earlier. With our new doctor now we are finding that there was treatment available for us but wasn't administered and we were really bitter about that. (Glen, 0.4)

In the last quote, anger was released when the father blamed the doctor for the death of his child. This was common when blame was directed towards others. When asked about anger Andre said, "I was just mad. Mad at life.

Mad at God. Mad at everybody I guess". Barry was an exception in that he could not identify any time after the death that he felt angry. "I didn't feel angry. I wasn't angry at anyone. I had no blame whatsoever. I never once had the feeling like I wanted to blame somebody."

An Accident Rationalization is described in the literature as a common reaction to grief. The fathers in this study rationalized what had happened by comparing the death to an accident over which they had no control particularly when the cause of death was unknown.

> Actually they had just checked my wife about a week and a half before 'cause there was some question of placenta previa and they were thinking about a possible cesarean and then said, "No, that's O.K." and I guess that always causes you to think, what if? You know, if they had done the cesarean on the 10th of December my daughter would be alive today but placenta previa wasn't a problem. (Howie, 4.4)

> We were able to get out of it without feeling any kind of guilt. It would be similar to just having your child maybe die in a car accident far away from where you are where you could do nothing about it. It's totally out of your hands. (Eric, 3.8)

Faith in God When no answers could be found as to the cause of death except for saying it was a cord accident, many of the fathers turned to their faith to find the answer with God. "It was God's will." Some fathers used their faith as means of obtaining comfort in rationalizing that their child was at least in a safe place now with God in heaven. Comfort was also received by the fathers from knowing that their wife was alright and that they could try again to have another child.

> I'm not blaming anybody and haven't, since I believe in God. I believe it's God's will and that's just a way of looking at it. I just accepted what happened to our daughter as God's will and it was a lot better than the other approach of why have you done this to me? Why me? So it was a lot easier to look at it like it was God's will....I believe my daughter went right straight to heaven and again that helps, you know. That consoles me thinking, knowing that. (Chris, 1.0)

> Today, um, we have a little picture of our daughter and, um, I look at it every once in a while and I feel so happy when I look at it because I know that my baby, I'm a Christian and always had a good strong background in Christianity through my mother and I know where my daughter is right now and it makes me happy to look at her picture and I think I have that strong faith that, you know, she's in a good place so it makes me happy to see her, sad that she's not here with me but happy that she's in a good place. (Glen, 0.4)

> I asked the doctor how's my wife? My wife is fine. My wife is fine. O.K. And everything, her insides are O.K. and are we going to be able to have more babies kind of thing? Everything was fine. "She's fine. You know, it's just we don't know what happened...she's fine and there should be no reason why you can't have more babies." Good, we can have more babies. (Chris, 1.0)

Other strategies besides rationalizing were used by the fathers when coming to terms with the loss. These included keeping busy with work and/or other children, sharing, adjusting inch by inch through talking, and looking for positives. These activities dealt with the emotions caused by the death more so than rationalizing.

Keeping Busy

The fathers would try to keep busy for two reasons. One reason was as a way to avoid grieving when they were feeling overwhelmed and the second reason was to help them with coming to terms with the loss by preventing them

from dwelling on the death. There were also several methods that the fathers used to keep themselves busy. The main methods included holding onto other children, going back to work, and returning to previous routines.

Other Children The fathers that already had children were able to use these children to distract or keep them busy. These fathers would literally hold onto the children as a way of trying to ensure no harm would come to them. They were being over possessive of these children.

> My daughter came out and said, "Hi dad" and I gave her a big hug. I think I squeezed the stuffing out of her. I just wanted to hold her. My son, he's getting to be eight years old. He's getting a pretty big boy and, he likes to think of himself as a young man but that was one night when he sat on my lap and I wrapped him up in a blanket with me and we just cuddled. (Frank, 0.3)

> For about a week or so my son, my other one was with grandma and grandpa and I remember the emotion, my love for him kind or my possessiveness for him, maybe that would be another word, increased unbelievably. It was like I've got this one still and I'll hang on to this one even tighter now. I can remember constantly lugging him around and holding him and keeping him close by determined that no harm can come his way. I remember that so strongly, just that emotion of reaching out to him. I couldn't believe it, reaching out to, well, he would have been probably two years old at that time, reaching out to a two year old in that way. It was a good thing we had one child already. I don't know what would have happened if it had been the first one. It would have been catastrophic, I know that. So that way we were able to direct our attention towards to him and my wife did the same thing. We just latched on unbelievably. Poor little guy. [chuckles] He couldn't do anything or go anywhere. What we were doing was rechannelling our energy into our other son. (Eric, 3.8)

Going Back to Work For some of the fathers going back to work was an option and was seem as being positive because it allowed them to refocus their

energy elsewhere. For others going back to work was not an option, they had to return for financial reasons. For these fathers work was distracting and prevented the grieving process. So, while the distraction for some was positive, others would have preferred time to deal directly with the grief.

> I came back to work that Monday and I was sad. My boss drew me aside on the Tuesday 'cause he was gone Monday, he didn't expect me in to work. But Tuesday he called me into his office and said, "What in the hell are you doing here"? He was just about ready to lambaste me and I looked him square in the eye. I said, "I need to work. I need to feel needed. I need to be busy." And I know what I was doing. I was putting work in place of grief because at the time I was empty, emotionally drained. I was physically drained. I didn't want to think about it. (Frank, 0.3)

> I had, I guess, the advantage of having to go back to work, forced to go back to work and get on with my life, whereas my wife took a month off and pondered on it all and it was a little harder for her because she was thinking about it all the time, whereas I had to go to work and be strong... (Glen, 0.4)

> I got right back into my workload and just sort of swamped myself eventually with that....And haven't really had a break at all since it happened...that's been really distracting actually. I would actually get completely wrapped up in work and sometimes I would work all day and all night, you know. Seven days a week kind of thing. Just be completely engulfed in it. I was already feeling kind of mad about having to work 'cause it was distracting me. I had a friend doctor and she kind of said "Well it would be good for Barry to be working 'cause he'll then have that option of distraction." But yeah, it is nice to have the option of distraction but I don't really have an option at all. I'm completely distracted and forced to be distracted and I don't want to be all the time. I kind of liked to dwell on it sometimes...so it's been affecting sort of my work in that respect because sometimes, I just don't want to work. The grieving is kind of..well "I" am distracted from work and I think it's really serious. I sometimes wish that I could stop and dwell on the whole thing. (Barry, 0.4)

The physical effects of the stress caused by grief manifested itself when the fathers went back to work in the form of lack of concentration or forgetfulness. This was frustrating.

> I'm really eccentric, like way more than I ever was. I used to be able to hold huge structures in my head. You know, handle a timetable for the next three weeks and I could break it down in three different levels for you. I hardly ever...kept a work schedule and a date reminder. It was all in my head. And now, I just lose huge sections of it....I have a terrible memory now. I forget a lot of stuff. And I'm really aware of it now of course. I have all kinds of mechanical methods trying to stay on top of it. It's becoming quite irritating, you know? Because I'm constantly checking and writing and I even; my mother-in-law sent me a mini tape recorder so that when stuff crosses my mind because I have no faith in my memory, I say it into the tape recorder. But I'm fighting this eccentricity all the time. (Barry, 0.4)

> I couldn't add a string of dimensions in my head when I got back to work. I live in a very mathematical career-orientated profession where, at one point in my career I could do cubed roots in my head. After the stillbirth, I couldn't even add simple arithmetic equations that my son, who is in grade three, could do. (Frank, 0.3)

Previous Routines Even though some of the fathers wanted to return to work and get on with life, it did present a problem for others. One father was reassured by the familiar routine but at the same time thought it might be disrespectful towards his son that died. The stillbirth was a significant event. His life should reflect this somehow and should not carry on in the same way it had previously.

> We had this other thing added to our life now which made us special. We felt special. We felt strange 'cause we had had this thing happen to us. We had had this loss and gone through this great pain and were going through it still. There was something more significant about us

> now. The routine was nice in one sense but really kind of hard to take in another sense, you know? One person had an analogy that's quite good. She's kind of like a train where she's kind of stepped off the train at some point and the train has kept right on going. And it wouldn't stop going. Even though she had stopped, the train kept going...at some point, she felt she had no choice and got back on the train even though she really felt like she was standing still. So I think we were kind of bothered by the fact that we're back on our routine even though that's comforting in and out of a sense. You kind of felt like some sort of disrespect to it. I don't want to forget about this boy, and the thing is I'm not really not thinking about it. But I was kind of worried that I might. That he might be forgotten you know. And that my life shouldn't go on so normally and easily. I should somehow be able to hold this experience more and hold it up to the light and make it more significant and serious in my every day life. But really it hasn't, or it didn't appear that it had. So I think I kind of felt resentment towards my normal life. But it wasn't resentment that had anything to do with the child's death. I wanted to hold on to the experience and the thoughts when I was with the child and I wanted even to hold on to the sorrow just to make it feel significant. I didn't want to lose it in sort of mundane routine in my life, right? And it wasn't going that way. (Barry, 0.4)

Sharing

The fathers in this study were surprised by the number of people who shared similar stories about having children die. Some of these people were friends that they had never known had such an experience. Knowing that others had similar experiences was helpful with coming to terms with the loss because the fathers no longer felt like they were the only ones. Although one father commented that he knew that he was not alone, he was comforted by the stories of other losses. He felt it was a type of relief to hear others' stories. Another father wished he was more prepared for the possibility of a stillbirth through prenatal classes instead of hearing about others' losses after the fact.

> You never hear about all the babies that are lost. Well, we started hearing about it from great distances. Mothers who had lost babies in similar circumstances would phone us and say, "I was thinking about you all weekend." You know? I lost a baby, you know, and all that type of thing. That was just amazing. The guy at work the other day told me that his wife lost her first child. Kind of relates a little of the bad experience. So that really floored us. Like, we thought that this was a real freak you know. (Barry, 0.4)

> I knew that this just didn't happen to us. It happens to all kinds of people. Maybe it's selfish again to take a little bit of solace from somebody else's suffering and somebody else's loss, but you do and you do it automatically, and you don't do it with selfish thought and it helps to hear, to go to the store and have Joe store owner say, "Well, what happened"? And you have to tell him, "Oh jeeze, we lost our baby," and he says, "Well, I knew so and so and, jeeze, the same exact thing happened to them," and that makes you feel a little bit, well you know jeeze it's not just me and I think that helped. (Chris, 1.0)

> There was a lot of support from my work. It was funny because we were finding, all these people we didn't know...personally, but we didn't know that they had lost children too and it was nice to talk to them. In fact, the lady that was with my wife when she started to go into labor had lost two or three children prior to having her three kids and so it was really strange to find suddenly that there had been all these people in your life that have lost children and we didn't know about it and so it was helpful that way, I think, for us to know that we're not the only ones. (Glen, 0.4)

Adjusting Inch By Inch

Adjusting inch by inch through talking about the stillbirth was important for several of the fathers. Some would talk to their spouse, others to family or friends, and some to both. One couple went to a support group to talk because they knew someone would listen. Talking was seen as a type of therapy that could help the fathers adjust inch by inch when coming to terms with the loss.

> All along really we discussed things. I think it took that point where I broke down the one night. It took that time before we started talking about the way we were feeling and things. I think before that time when my wife was in the hospital and got back from the hospital, home, she and I were both more worried with her health because she was still having some problems, with her physical and her mental health and things after the stillbirth so we were more worried about her and of course I felt that I had to take care of her first. Then after I broke down, it was getting too much for me to take care of her and not get anything back from her. After that point, we started to talk more about the feelings and how we were dealing with it all. We don't talk much about it now. Every once in a while I'll tell my wife, you know, I was thinking about our daughter today and then we'll talk a little bit about it but I think we're both at a point right now where we're comfortable with everything. (Glen, 0.4)

> One of the reasons why we went to the support group originally was we wanted to find out how to bury your child and since that had been answered like an hour and a half earlier, that wasn't really a question but we still decided to go and it really, really helped my wife to go to the meeting and, I mean, this was like, a day after, a day and a half after and people at the meeting were shocked that we had been there and it wasn't, it wasn't an ego trip or anything why we went and wanted to shock people. It was just we needed somebody to talk to because at this point nobody except for this guy from the cemetery had really taken the time to listen, to really be concerned. (Frank, 0.3)

> I kind of had a long conversation with my parents. Primarily my mom. I think I kind of talked it out a bit at that point and we rationalized it and the conversation with mom, I think I sort of said it all. Like, I had to put it back into some sort of concrete format where you tell someone else. And I think that was even satisfying, it was one way, by communicating, was one way of really rationalizing it. And I think that's why I was actually looking forward to this interview for that same reason. This was like going through the experience in my head by vocalizing it. It helps. It's kind of soothing therapy of sorts. So that was quite nice. (Barry, 0.4)

Talking allowed the fathers to relive an experience which was painful but at the same time brought back the importance of the event. One father speaks of the importance of talking as a way to get through "the process inch by inch."

> I would like to stop and just sit still for a long time and go through it all again or something. And it's not because it wasn't resolved. I don't really feel it wasn't resolved. It's that it's so profound that the experience is still there and I want to mull and go through it. Like this is like exactly what I need, is this kind of thing [referring to the interview]. Being able to go through it again, you know? And make it as important as it really was. And I haven't really had the time to do that. (Barry, 0.4)

> I would say, and this is a spouse involved, to keep talking. Get involved in support groups and get involved with people that have had this happen to them and share your feelings and talk it out. 'Cause that's the way I think you get through the process inch by inch. That would be the most important thing I would say would be just to keep talking to whoever your spouse or your parents or your family whatever. (Andre, 3.7)

Although the fathers wanted to talk about the experience, they did not always have someone to talk to. This was demonstrated previously under the category of avoiding. Others were affected by the news of the stillbirth and would imagine the possibility of that happening to them. This reaction from others was seen as different from the reaction they would have noticed if one of the father's parents had died. When one's parents died, others might say they were sorry and then change the topic. When the death was a stillborn, others reacted according to how they thought they would feel if the stillbirth had occurred to them. Barry comments that the reason why others were afraid to talk about the stillbirth to the couple was because they wanted to avoid feelings of resentment or hatred that the couple might have for that experience. However, these feelings were not expressed by the couple.

> It really hit everybody. Like where talking kind of bothered them. 'Cause they would come by and they had to kind of say that they were thinking

> about me and my wife...this kind of thing. Whereas, I mean, you might have lost your mom and they might say, "That's really sad to hear. What do you think of the weather," you know? But that's not it. They were thinking about it. They were thinking about the experience 'cause they suddenly had to imagine themselves going through this experience 'cause it was potentially there for them. And we still get that. I mean, just yesterday I moved my sister to the new house or I helped with a bunch other people and everybody was over there last night having beers and coffees and pizza and stuff. And there was a young couple that were friends of, best friends of my sister and we know them. We don't hang around with them now, but we knew the woman was pregnant. And she's eight or nine months, right? And they just didn't even want to talk to us. They kind of avoided and circled around it. And we were only there like; we kind of came late anyway. But everybody left pretty soon. And I don't think they left because of that. But we were just amazed. They wouldn't talk to us at all and my wife and I were actually feeling-like that is the thing a lot of people didn't realize was that they think WE kind of want to avoid it or that we're scared of pregnancy and birth and what not. Plus also the fact that they're about to have child and they know what happened to us and they're terrified that it might happen to them, you know? And they didn't want to think like that and nobody ever does. I mean, these people were scared, and we almost wanted to like say, "Don't be scared. You'll realize we're just as excited as we ever were." You know? And in fact, we're more intense about it going positively than we ever were before. But people all think, assume that with the tragedy, you are burning up with some sort of cynicism or resentment or hatred for that experience. Well, not at all. Or anything that goes or associates with it. That's not what we're feeling at all. (Barry, 0.4)

While talking was a critical activity for these particular fathers, other fathers did not want to talk about the stillbirth experience. There were those who thought that no amount of talking helped. Talking did not make the feelings worse but it did not help either. Talking also would not change what happened, so why bother, just get on with one's life. This was the impression of one father.

> It's an odd feeling. It's like I want to talk about it but no amount of talking is making me feel better. I thought I'd feel better, catharsis kind of thing when you talk about it, you know. I don't feel worse but it's like you asked that question "What's the good that came out of it"? There isn't any. Not for me. This was just a bad thing and, talking about it hasn't changed that fact. There's just nothing good about it. (Dave, 5.3)

> I didn't want to talk about it. I just wanted to get on with things so maybe, I said, let's just get to work. Put it behind me. It wasn't something I wanted to talk about at all...It's never been a great topic for discussion. It's just it doesn't seem like casual conversation, I suppose. I guess it's not something I feel a need to talk about so it gets left unsaid....Maybe it's I don't want to depress other people but, the memories will always be there and whether I talk about it or not, that's not going to change that so.... (Howie, 4.4)

Looking at Positives

Looking at the positives was a mechanism used by many of the fathers in this study. Although a tragedy had occurred with the death of the child, most of the fathers could identify something positive that resulted because of the event.

> There's bad things but I choose not to look at them. I only choose to look at the good and that's what I know is best for me and that's what keeps me on top of my game. (Chris, 1.0)

The most common positive for these fathers was developing a closer relationship with their wives. The death of a child through a stillbirth resulted in opening the lines of communication between the couple thus allowing them to develop a stronger relationship. One couple had been considering a divorce before the stillbirth. Now, because of better communication, this couple has a stronger relationship and divorce is no longer being considered.

> Before, our son was born, actually before my wife got pregnant, she and I had actually been discussing a divorce 'cause our relationship was not going well at all. Since the stillbirth the lines of communication, I think that was our basic problem was that our lines of communication had been shot down through stubbornness and what's best for me and see, those sort of things. Since our son's death, it's like we've just been reborn. The marriage is just great. It's not to say that we don't yell or scream at each other and there's not problems or that we don't get on each other's nerves, but at least now we talk about it so since the birth or the death, I keep saying the birth because in my mind he isn't, if not just in spirit, since the birth, things have been better and I know that there has been statistics that three to four months after something like this happens a lot of marriages fail but I think actually we're better for it. (Frank, 0.3)

> Brought us together closer, much, much more closer, I think. We really relied on each other even though I had problems with the time where I felt I wasn't getting support when she was getting all the support she needed but other than that everything that we went through, we went through together and it made our relationship much stronger. For me and my wife, there was more of a bond there and we knew we needed each other to get through it so, but it really strengthened our relationship. That's for sure. So I think that's one of the biggest positives for us as a couple. (Glen, 0.4)

Not all the fathers felt that the stillbirth brought them closer to their wives. Barry replied that he and his wife were already as close as they could be, so the stillbirth could not bring them any closer. Two other fathers did not feel that the stillbirth brought them any closer to their wives. These two fathers did not find any positives with having a stillbirth. According to Dave, "There's not the slightest bit of good news. This is a bad, bad thing."

> A lot of people have said it's going to make us closer. I don't think they have any obvious evidence of that 'cause we've haven't; we never felt like we were drifting. We're as close as we're ever going to get. I don't think it's affected us that way. (Barry, 0.4)

> Nothing good came out of it. Nothing changed as far as what we had. I mean, we didn't gain any more friends or lose any friends or our financial situation didn't change. Our family didn't alter in any way as far as the family. So nothing good came out of it. No. No. It was just a negative experience that you had to go through. [short pause] Actually if anything, the negative part would have been the stress it put on our personal relationship as husband and wife. I mean, man what a blow because it didn't bring us together or anything like that. It was just like a burden that just had to sort itself out over a period of time so nothing good. (Eric, 3.8)

Life does not seem so simple following a stillbirth. This was recognized by the fathers in this study. They no longer took things for granted as they once did. Even one's appreciation for life has changed.

> Just expressing how my life changed. You don't expect things any more. The example I've used in the group-it was that, literally that in the months afterwards, I'd go start up my car and I wouldn't expect it start. It wouldn't surprise me that it didn't start. So you don't expect, you don't take things for granted any more. (Andre, 3.7)

> Live your life one day at a time 'cause there is no guarantee of a tomorrow. There is none. God never promised any one of us we were going to be alive this time tomorrow so do your thing today. Live your life today. Live it right now and live it an hour from now. Don't live it too far down the road because there's no guarantee you'll be here down the road. You've got to do it today 'cause there is no guarantee of tomorrow. That's one thing I've learned about people that you love dying including my daughter. It's do it today. (Chris, 1.0)

The fathers also felt that having a stillbirth had taught them to respect and appreciate their children more. This included current children as well as subsequent ones. One father stated that he is a better father then he ever would have been without his son's death.

> I think maybe I grew up in a hurry. And started appreciating the reality of life that people die and I've never had anybody die on me before, okay? I've never had none of my brothers or sisters and no close friends die. And it's hard...the reality that people die and that you can be hurt. That has changed my life. You're not as carefree as you used to be. Although you don't take things for granted as you used to do, you do try to enjoy things more. Like I really enjoy my two daughters I have. It's been great. It probably makes me a better father I think maybe because I just love them more than ever I guess. And probably more than I ever would have if our son hadn't had died. Yeah, I think that's probably the greatest impact. (Andre, 3.7)

> My son didn't die in vain. He didn't die because he brought us as a family closer together. This child that they've never met or never hold or maybe only could have held for a short time, that child did not die in vain if the family unit can take solitude and gratitude and learn from that. I mean, the child doesn't have to breathe to affect your life. My wife and I talked about this the other day, with our son dying we have totally re-evaluated our life. Since his death we have eliminated all personal debt virtually, except for our house. We have planned day trips together which wouldn't have been a priority for me before. I was too involved in work. Now family trips are a priority. I take much better care of me. I still give my hugs and kisses to my kids and I probably, after this, I've spoiled them rotten but on the other hand, I haven't spoiled them rotten because I haven't let them get away with murder either. I think, although I respected my kids before, I appreciate my kids now whereas before they were there. I hugged them and I enjoyed time with them but it had to be on **my** time. Now it's, I appreciate my kids and I really try to make time when **they** need it so that's what our son did for us. (Frank, 0.3)

Some of the fathers purposely tried to look for positive angles of a negative event. One father when he first looked at a picture of his son saw a deformed child because he was missing an eye lid. He now says that his son is winking at him to let him know that he is "O.K." Another father, who is a reformed alcoholic, looks at the stillbirth as being a test to see if he would return to drinking during a time of extreme stress. He now feels that his question has been answered.

> One of the problems was that because he had died in the womb the skin was very, very tender. There's always the blood from birthing and the afterbirth and everything like that and they had to wash his face but one of his eyelids washed off so in the pictures we have and we took pictures, he does look a little bit deformed, which is sad for us, but on the other hand that's what sort of makes him unique now is the fact that he had one eye blink at us. We say, we feel he has one eye blinking at us to let us know that he's O.K. and...we didn't come about that sort of one eye blinking until, oh, I'd say weeks, maybe even a month after his death. (Frank, 0.3)

> That's another thing I thought after a couple of days like getting something good from it. As I said, well, I've had a question answered whether or not I'd rush to the jug if something like this happened and that question has been answered and I'm sober so I won't rush off and do that. Again, it's not that I've never entertained the thoughts but it's just, it's not an option for me but anyway I know now that that's not going to happen. (Chris, 1.0)

Support groups were also identified when looking for positives. They were seen as a place to go where someone would listen. Although the support group was seen as positive, it also had negative aspects identified. One such aspect was that everyone was there because of a death which reinforced negative feelings.

> Support groups help. It's talking to people who have gone through the same thing and it's not so much that you need to have somebody there who has gone through the same thing but it's like I said with my friend, just knowing somebody will listen, I mean, really, really listen and that's hard to find so it does help. The down side of that is that being in a group where you're there because of the stillbirth, it reinforces all those negative feelings you have and that's maybe why we haven't gone to the last two meetings is that we're not, we're trying to address this in a positive light. (Frank, 0.3)

Coming to terms with the loss was not an easy task. Dave comments on how stress can be manifested in a physical way.

> About a month after I broke out in a rash over my whole body and I was covered in this red thing and I went to the doctor and, yeah, it was some kind of, you know, bug. It was a stress rash. A reaction from all this pressure and that's the only time in my life I've ever had anything like that so that's just to indicate the level of pressure that's going on here is way over what you have ever experienced and I've had lots of other stresses. (Dave, 5.3)

Accepting Reality of Altered Fatherhood

All of the men in this study considered themselves fathers. They now had to accept the reality of an altered fatherhood. These men would not be able to follow their child as he grew up. Frank comments that his fatherhood dealt with giving his unborn son life and showing him how much he was loved.

> He knew that he was loved because my son would put his head on mommy's tummy and talk to the baby. My daughter would do it and I would do it. I give my kids a hug and kiss every night when they'd go to bed and I'd lean down and I'd kiss the tummy and say, goodnight baby. We love you. He maybe never knew my love directly? He did because I loved him enough to give him life even if he was only alive with his mother but I loved him enough to give him life and that is the good side and it takes away for me all the bad. That's the joy for me of being a father. (Frank, 0.3)

Accepting the reality of altered fatherhood referred to looking over the experience and being able to identify positive aspects of the event. Although sadness remains, it is in relation to what **the child** would have missed out on in life. Those who have not been able to let go of the stillbirth still refer to what

they as a father have missed out on by not having that child. The distinguishing event that separates these two groups is holding the stillborn child. Those fathers that held their child (Barry, Chris, Eric, Frank, and Glen) were able to accept the reality of altered fatherhood but felt sad for what the child had missed out on in life, while those who did not hold their child (Andre, Dave, and Howie) to this day refer to what they as a father have missed out on.

> It's more of a happy thing for me now, I think, knowing that I had the chance to hold my baby and we have a real strong feeling about where she is and that she's in heaven with grandma and uncle. (Glen, 0.4)
>
> I still felt sadness and disappointment and I felt great sorrow. And I felt bad for what this baby would miss. (Barry, 0.4)
>
> I've got regrets, you know, and I wish I had him and I'm sorry and all that and I'm angry or upset at myself for what I didn't do but it doesn't, it doesn't make me depressed. Not any more. [short pause] I think in the first year or two I'd say it did but not now. (Dave, 5.3)
>
> Two to three years down the road, things would hit home. I'd see a little baby boy about as old as our boy would have been and that kind of set something off. You know what I'm missing out on and what a sad feeling that is. And I'm sure I'll experience that for the rest of my life. (Andre, 3.7)

Dave was further separated from the other fathers with respect to accepting the reality of altered fatherhood in that he was still struggling at the time of the interview (five years later) with whether or not he had become a father to his stillborn child. By not holding or seeing a picture of his child, the process of becoming a father was interrupted for him. This was further complicated by others not recognizing him as a father in relation to his stillborn

child. The stillbirth remains a major focus in his life to the point where he uses every opportunity possible to inform others of the event, as stated earlier.

Moving On

Although the intent of this study was not to compare the grief reaction between the father and mother, several fathers commented on this. The fathers were able to come to terms with the loss quicker than their wives and then move on. The fathers related the different length of grieving to different prenatal attaching and felt that their role was to support their wife who was taking longer to grieve. Barry commented "The whole experience my wife was having was very different from mine." The different grief was also related to past life experiences.

> I had to tell my wife and her family, 'cause they're wiped out by this and I'm sure that they thought, jeeze, you cruel bastard, but I had to tell them. I said, "If I had a top ten list of the worst things that have ever happened to me in my life losing my daughter wouldn't even make that list," so now she has something she can relate to. It made her think, you know, this has just about killed me and it doesn't even register on the top ten list of rotten things that have happened to him. It's a terrible, bad thing but as far as bad things that have happened to me, that's not on the list. I'm sorry. I think that really put things in perspective for her as far as what's happened to me in my life. (Chris, 1.0)

> It was definitely as hard for me as it was for her in the first few weeks but I seemed to have recovered quicker than she did. I had the advantage of having to go back to work, forced to go back to work and get on with my life whereas she took a month off and pondered on it all and it was a little harder for her because she was thinking about it all the time so I think I recovered from it all a lot better or a lot quicker at least. (Glen, 0.4)

All of the fathers in this study commented about moving on with life after the stillbirth. The time when this moving on occurred varied. One father commented that he wanted to move on the next day. Life does not stand still so one has to move on but the father's outlook on life may be different. Dave commented, "Life doesn't seem quite so simple or easy and you move on in the sense of you have to go through it".

> I was just mad but after that point in time I just wanted to just get on. I wasn't sad. I just wanted to get back to where we were before. I just wanted to get on with our lives kind of like the next day kind of thing but my wife was pretty distraught about it and upset. (Andre, 3.7)
>
> When I talk about the baby, emotions well up inside me and I feel a loss but I think we really talked a lot about it and we're at a good understanding of how we feel and so right now I, four months later I think I have accepted it all quite well and have gone, am going on with my life. I certainly don't feel the same way I did a week after her death so... (Glen, 0.4)

Time has a way of healing. There are no short cuts through the grieving process, but the pain lessens with time. The fathers said they realigned their goals in life and move on. Initially one's thoughts may be preoccupied with the stillborn child but this changes with time.

> You've got to do the time and there's nothing, there's no damn short cuts to it. That's the trouble, see? Especially for a guy like me who uses the short cut route all of his life and when it comes to death and mourning there are no short cuts. You have to do the time and every day it will get a little bit better. (Chris, 1.0)
>
> He's physically gone so put it behind and then realign your goals and structure your life around then what you're going to be doing again in the future so start making plans because if you dwell on the past and what

> could have been, uh, they will destroy you, your losses. So reformulating your game plan for your life and getting it together and getting on with it as soon as it is possible because the grieving process, they say time heals the wounds and I guess I would agree with that so over a period of time eventually you can refocus and start working again. (Eric, 3.8)

> It's something that won't ever go away. It's easier for me, well, first of all, it's over five years. Five years have gone by and I can talk about it but the first year or two you'd think about the baby every day and then the next year or two you think about, I thought about the baby every two or three days and now I probably think about the baby, um, maybe once a week and so I can see it's getting more distant for me so I can talk about it a little more but it's still open. You know, it will never be closed because of the decisions we made. We didn't finish it the right way. (Dave, 5.3)

Although the pain and grief decreases with time, the fathers stated that the grief is never completely over. As stated at the beginning, disappointment results and is present even five years after the stillbirth.

> One thing that we did learn from the support group is that this process, like one question was does the hurting ever end? And I guess the one thing that we learned from the support group is that no, it doesn't ever end. It just kind of becomes bearable where I'm not at the point any more where I have this deep, dark urge, like I mean almost compassion to hug a baby, but yet at the same time every time I see a baby now, a real baby other than a TV commercial, there is a little fire, a little spark of joy inside me and it's not that I'm happy that my son died. I'm not. I wish he was living but there's a little spark of joy in me to know that there's a life that grows. (Frank, 0.3)

> I found that the pain of the loss was a steady amount of pain. It was no worse or no less at any given point. It just gradually over time began to lessen so I've never, for me, I didn't have a time when it was worse. It started becoming less from the time it happened till now, and I suppose where it's at now is where it will be the rest of my life. (Eric, 3.8)

> We haven't dealt with this fully yet and I don't think we ever will but on the other hand, um, as the situations come up we do address them as a family unit and that's what our son did for us. (Frank, 0.3)

Maintaining Memories

Although the fathers were able to move on with their lives, they all maintained some type of memory of their child. Tangible memories were obtained by six of the fathers through photographs. Chris, who did not receive a photograph, commented that he had a picture of his daughter in his mind that would never fade. Some fathers received items such as armbands, a lock of hair etc. as tangible memories which were appreciated.

> The nurse gave me this package to tape together that had sort of a photograph they had taken when he was born and uh pieces of his hair and a birth certificate, an identification band they had made and so forth. And uh..I thought that was very nice. Later I took a couple of nice photographs of my wife holding him and things like that. (Barry, 0.4)

> I'm never going to forget my daughter. I'm never going to forget what she looked like. I'm never going to forget how she felt. She was an 8 lb, 2 oz baby girl, perfect in every way and a nice sized baby girl and I'll never forget that. (Chris, 1.0)

It was important for the fathers in this study to incorporate the stillborn child as part of the family, despite others wanting them to forget. All of the fathers felt that no matter what occurred the stillborn child would not be forgotten. One father remembers events that occurred during the pregnancy that signify his daughter experienced and reacted to part of his life.

I guess the biggest thing that really hurt us is others saying "put it behind yōu," you know. Not necessarily saying that we should put it behind us but that was the gist of a lot of the comments, "get on with your life. Forget about her. Forget about this child that you had in your womb for six months. Forget about it." And they wanted us to feel better but, uh, but how can you forget? (Glen, 0.4)

We'll never forget her but the fact that if these babies [currently expecting twins] come home or something like that I'm sure that that will help my wife drastically. That will help then. Like I said it won't put our daughter out of our minds or anything like that 'cause that couldn't happen but it will help. (Chris, 1.0)

Now maybe I go three or four times a year or something like that [to the grave]. We were just there last week to clean off the marker and our boy, well both of our kids were with us, but he's old enough to sort of understand what went on and he has a place where he can go so it's kind of important and we've dealt with that part. We've tried not to ignore the baby (stillborn) by giving him a name, by telling the other boy that he's got an older brother except his brother didn't live and making the baby a part of the family even though he can't be here. We don't forget him and we include his memory in our family but others won't. (Dave, 5.3)

Accept what has happened as reality and the determination that he was my son, part of the family and is part of the family so he'll never be replaced or attempted to be replaced with anything. As far as we're concerned, he was a child that was born into our family that we lost and we deem it that way. I have a ring that I've given my wife that, at the birth of our first child. I had it made with three diamonds in it, three little diamonds and that one represented each of us, her, me and this baby and then, so what I was going to do for every child, we'd add a diamond to it and so, when our son came along then so we'll add one and now with our other son we'll add one so we consider ourselves, have been a family of five but there's only four of us now. (Eric, 3.8)

We wrote things down like she was very active when my wife and I went to a Nylon's concert. We will remember that. Then my wife came to a game that I was coaching and the baby was very aware that I was calling instructions to my team and what not so I mean and she came to one of my band's concerts so I mean she somehow experienced part of our lives and reacted to it so that's the sort of things that we remember. See like she was enjoying what was going on. So, yeah. That's how we remember her. (Glen, 0.4)

Maintaining the memory of the child included informing the other children. Three of the fathers (Barry, Eric, and Frank) had other living children when the stillbirth occurred. Two of these fathers felt that their child was too young to be informed at the time of the death as both of the children were two years old but these fathers definitely planned to tell their child later in life about their sibling. Frank who had a four and eight year old felt it was important to inform his other children immediately and to gave them the choice of attending the funeral. One of the children felt his own mortality from learning about his brother's death.

> We had a little family discussion with our kids about how they wanted or how they felt the ceremony should go or how the funeral should go. We explained the options to them and that's kind of a heavy load to lay on an eight year old and a four year old but the kids understood it very well. They were watching what we were going through and they should understand what had to be done but one of the things I had mentioned to them was that when I die I wanted to be cremated. Now my son doesn't know what cremated meant so the only way we could say is that, "They put you in a big oven and you're basically cooked or burned until you're ashes" and I said, "burned," O.K., and so we talked about it for a couple of minutes and then we asked our son, "Do you have any wishes on how to bury your brother. Like do you want to be there"? "No, I don't want to be there, dad." And then he said something like, "Please, don't burn my brother." And at that point, my wife and I said, "O.K. fine," so to a certain extent burying our son in a casket although it was not our first choice was very much the decision that was influenced by our son. Later I asked my kids how they were doing. My daughter didn't understand but my son said, "I'm sad, dad." I said, "Why are you sad"? He says, "I don't want to lose you." Like my son was feeling his mortality. He was feeling a sense of fear that he'd lost a brother. Was he going to lose his mom and dad? Was he going to lose the people he felt close to? We then just sat around on the floor and we just talked to each other for a while and my wife and I basically tried to counsel our kids, as to what was happening. (Frank, 0.3)

As with other types of deaths, anniversary dates bring back memories of the stillbirth for most fathers. On this day the father is reminded of the stillbirth and is often sad. The fathers concentrate on the anniversary day while their wives are affected the entire month. The father is then indirectly affected by his wife's sadness. Not all the fathers are saddened by the anniversary date. One father in this study was not, for him that day comes and goes the same as any other day.

> No, it doesn't. I mean, I can say his birthday. But it doesn't. That day comes by and goes kind of the same as any day for me. When I think of my little boy, as I said earlier, is maybe when I see a little guy walking by or think about that, I think maybe later on in life, I was very active on the sports side. When my girls become of age and they'll play sports or play, I think of that little guy I could coach and play hockey. I'm sure that'll affect me somewhere down the line. But right now, not any particular day brings back more distinct memories than the other any normal day. Any other day, let's put it that way. So there isn't any particular day that brings back memories. (Andre, 3.7)

> His birthday's clearly a day that everybody's focusing in on. It's May and I know it's May and I know it's coming up but I'm kind of focusing in on the exact date but I sense this change around the house and I'm going "What's going on? What's wrong"? You know, nothing. I'm not getting a satisfactory answer, you know. "Why are you unhappy? What's wrong"? Nothing. So then it comes out, you know, "It's May." I say, "Yeah, It's May." Like I'm at work and May is a relatively busy time for me. She says, "It's May. Mays are bad for me." This is my wife talking. Uh, so she feels that, it affects me through her because May is a bad month because she knows that's when our son was born and, whereas for me, I focus in more on the day and I kind of go to the cemetery on the day and we take balloons or flowers or something. Our other two children go with us. But for my wife, it's the whole month and so it changes the, it makes her a little more unhappy at that time of year. (Dave, 5.3)

> And we thought of her and, if I remember correctly I think we even we said a prayer for her that day too, and thought of her a little more that day than we normally did but the pain and anguish wasn't there for me. It may have been more for my wife, I think, because I leading up to the due date, I noticed a change in my wife where she seemed to have been getting better and then she started to feel sad and was crying a little more just before her due date which I was expecting because we had done a lot of reading about it all and we were expecting a few things that we were reading about. (Glen, 0.4)

Fathers are reminded of the stillborn when thinking about what could have been. This often includes imagining what the family would have been like if the child had lived.

> I still have feelings but you know, they're not overpowering or anything. But you're always wondering what it would be like to have a little boy running around. (Andre, 3.7)

> The memories of him are picturing what it would be like if there was three, the three of them were playing and romping around the house and how many more toys we'd have out [chuckles] and there would be, the car would be packed full of kids and junk when you were going for a weekend away, all the suitcases we'd have too so it would be, be more activity around the house. You have a six year old and a two year old so you've got a four year span in between those two boys, um, so a lot of times I picture the in between child in there. What would be happening? What would be the family dynamic at that point and, of course, all I have is thoughts of, well, he would be riding the trike and he would be doing this and he would be wrecking this or breaking that or drawing on the walls or hassling his brother, following him around and just picturing what it would be like with the three of them. Yeah. That would be how it affects me now is just picturing what it could have been. Mm hmm. (Eric, 3.8)

Having Other Children

Although not related to the process of becoming a father of a stillborn child, subsequent pregnancies are affected by the father's experience with a stillbirth. All of the fathers in this study commented on wanting more children following the stillbirth. Four of the fathers have had successful pregnancies following the stillbirth and one father's wife is currently expecting twins. The remaining three fathers had experienced the stillbirth within the last three to four months.

When considering the possibility of more children, the fathers would look at the odds of having a stillbirth again. Some of the fathers were afraid it would happen again while others were not. The fear could be rationalized by the fact if another stillbirth occurred it would be terrible but no worse than the first one.

> We went to a genetics counsellor and she basically told me the odds. It was like, I don't know, 97 and a half percent in our favour. And so I thought well great. I mean, the odds of actually having this happen to us again are very, very low. Let's do it! (Andre, 3.7)

> Definitely want more [children]. And we would like to start just as soon as we can. It's not that we are afraid of it. We just are; well, we're actually hoping that it works, that there hasn't been any damage or bruises. I mean, the fear of it happening again is quite terrible but if you don't sort of forget that fear, you're definitely not going to have another one. There's no other way to do it kind of thing so I mean, it's very easy to rationalize that fear, you know what I mean. And just forget it. To lose another one, that's; that's just as terrible as the first one, but it's no worse. And there's a very good chance we won't so..we're definitely going to try and we'll probably try just as soon as we get a chance. They say wait a year. So probably I guess we will. I mean, they say my wife will be physically fine by spring, I'll bet she'll be wanting to get pregnant. So I just hope for her it'll be as soon as possible. (Barry, 0.4)

> We'd like to try and have another child and I can tell you right now, it's still the furthest thing from our life, even the concept of having another stillborn child. On the other side of that coin, we're scared as hell. We really are. (Frank, 0.3)

Some of the wives were pregnant within months of the stillbirth. One father commented that he found the three months of waiting hard. Another father who had one child following the stillbirth is now looking at the adoption route for another child. He has considered the possibility of the adoption being used as a means of replacing the lost child but he does not feel that this is the case.

> I hate that word planned because I've seen so many plans I've had just been shot right out of the skies. We planned pregnancies but getting pregnant again as soon as we did helped me. I think it was good to know, O.K., boom 'cause I was tough. I found that the three months waiting to try again long and I probably rushed her though there will be 15 months in between so which is more or less, that's how much there is between my other brother and I and we're both fine. (Chris, 1.0)

> We feel that somehow we have the capacity to love and nurture, three children just seems to be what we need so we're actually considering the adoption route right now and going through and possibly adopting a young child, not a baby but a young child so, uh, we've looked at it and we've asked ourselves is this an attempt to replace our child and, no, it's not. He will be my second son forever but I believe we have the capacity to bring up another child and that's our feeling so we'll probably want to do that 'cause we wanted three children so we may go that route to have another child. After our last child, my wife had her tubes tied 'cause the pregnancies were just terribly hard on her so we just decided, well, we're not going to put her through this any more so that's why we are possibly considering the adoption route. (Eric, 3.8)

The father whose wife was pregnant during the interview commented on holding back and staying removed from that pregnancy. Chris had decided to

wait until the twins were home from the hospital before he bought anything. He does not believe in preparing or dreaming too far in advanced as those plans can be easily destroyed.

> I'm holding back from, I, I, I, yeah, I'm removed from this pregnancy. I've stayed a little bit removed from this pregnancy and like I said, this is something I've wanted since I was a small boy to have my own children and when it comes, when they're here, I'll deal with it. Like I told my wife, we're not going to buy anything. We have everything we needed anyway and except for now we need two of some of the things....But when we bring them home from the hospital will be time enough so I guess in that way, like most people would be out and get these extra things now and I'm not going until I have these babies home. I'm a little superstitious too, in a way...I still will listen and have to feel the babies and at night time, I get to bed, if they're moving, my wife insists that I feel this and that and everything and that's all well and good but it's like I said, I don't dare dream, my dreams have been shattered so many times and I don't dare dream too far ahead and I shouldn't anyways. (Chris, 1.0)

The entire pregnancy after a stillbirth was different from previous ones. The fathers were more concerned with what was going on. One father commented on how he constantly checked up on his wife and the baby. The fear of reoccurrence was present up until the child was born. Although multiple tests occurred throughout the pregnancy to determine the health of the fetus, the fear remained.

> We were doing fetal monitoring throughout it and I would phone her from work to see how the count was going and, and so things like that. Yeah. I was, I was constantly checking up on this one, even until the time he was delivered. Every time they put that monitor on during labor I wanted to see what the heart rate was. (Howie, 4.4)

> We had to deal with that question what would happen again-if it happened again, how would it effect us and what would we do etc, etc. So that was tough thing. That was a tough decision to make. But once we went through it, it was a tougher pregnancy obviously. We had ultrasounds done early and we found that it was not an anacephalic baby. There wasn't any problem there. And that was beneficial. But you know, we didn't; it wasn't over until the baby was born and that was obviously big relief at that point in time. Yeah, that was the time. And I can relate an experience when the baby was born, the doctor said it's a and my wife said, "Alive"! You know, it was a really great-great moment. (Andre, 3.7)

In summary, the process that was identified in this study was that of becoming a father to a stillborn child. Fathers grieved for their lost child exhibiting grief reactions and behaviors described by many previous researchers such as shock, denial anger, bargaining, disappointment and acceptance. However, it was evident that for these fathers taking on a fathering role was of central importance. The basic social process that the fathers in this study experienced following the stillbirth was becoming a father to that child. This occurred while the fathers were anticipating the child, acknowledging the child's reality, experiencing empty arms, incorporating the child into the family, struggling for recognition, accepting the reality of altered fatherhood, and maintaining memories. The process of becoming a father was affected by grieving for that child. The grieving began when learning about the loss and continued through acknowledging the loss, dealing with practicalities, communicating the loss, coming to terms with the loss and then moving on with life. Although the fathers moved on with their lives, they were left with lasting

impressions of the stillborn child. Subsequent pregnancies were also affected because of the stillbirth.

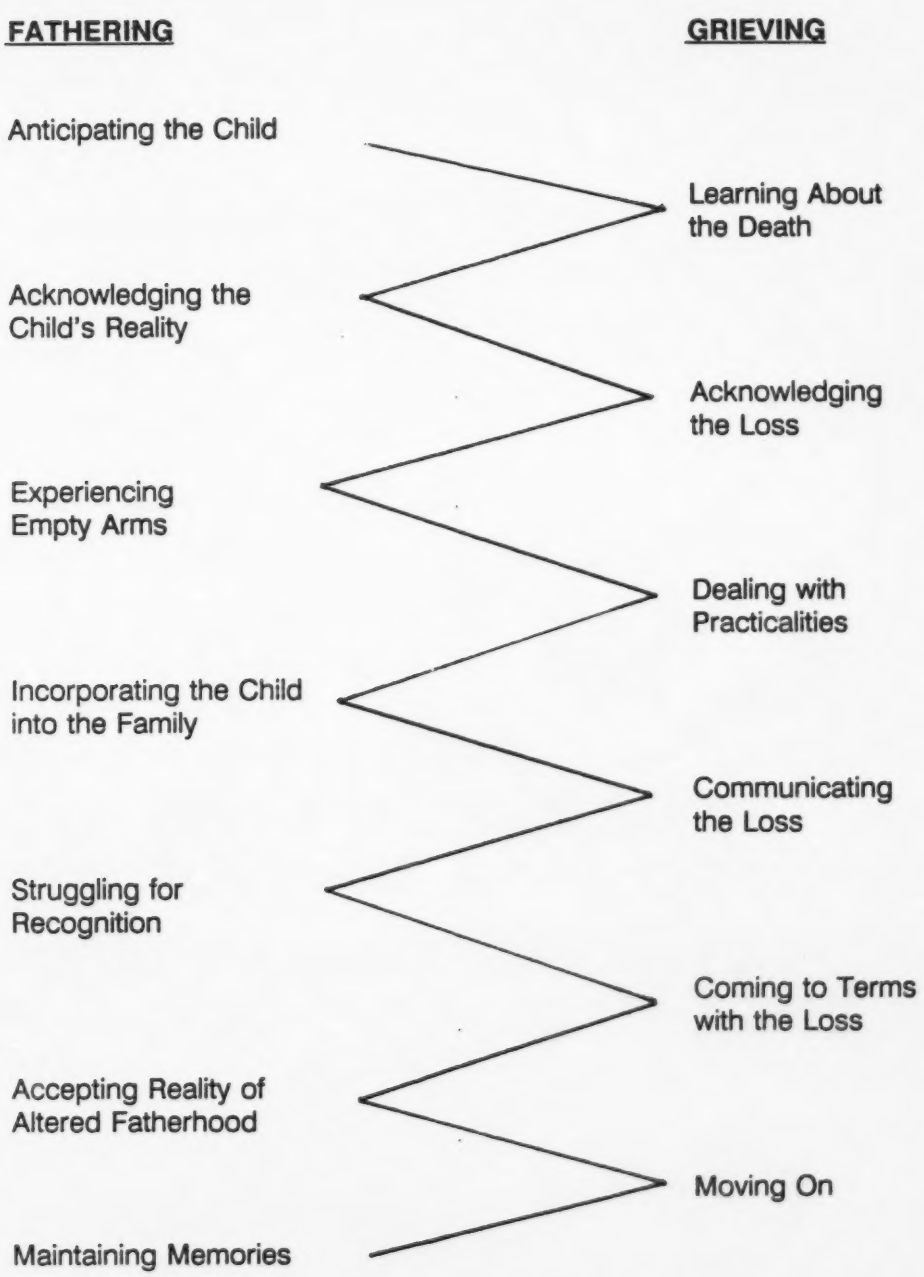
CHAPTER V: DISCUSSION AND IMPLICATIONS

The purpose of this study was to identify and describe how fathers react during the first five years after they experience a stillbirth. The theoretical model that was generated represents the process of becoming a father and how this interacts with grief following a stillborn child (see Figure 1).

The eight primary informants who participated in this study did go through a similar process with identifiable characteristics. Fathers grieved for their lost child exhibiting grief reactions and behaviors described by many previous researchers such as shock, denial anger, bargaining, disappointment and acceptance. However, it was evident that for these fathers taking on a fathering role was of central importance. The basic social process that the fathers in this study experienced following the stillbirth was becoming a father to that child. This occurred while the fathers were acknowledging the child's reality, experiencing empty arms, incorporating the child into the family, struggling for recognition (as a father), accepting the reality of altered fatherhood, and maintaining memories. The process of becoming a father was affected by the grief the fathers experienced for that child. The grieving began when learning about the loss and continued through acknowledging the loss, dealing with practicalities, relating the event to others, coming to terms with the loss and then moving on with life. Although the fathers moved on with their lives, they were left with lasting impressions of the stillborn child.

FIGURE I

Becoming a Father to a Stillborn Child



Subsequent pregnancies, although not directly related to becoming a father to a stillborn child, were affected because of the stillbirth. The fathers feared the reoccurrence of a stillbirth and therefore were reluctant to develop a strong attachment to the unborn child. This fear remained until after the birth.

Theoretical Model

The theoretical model is presented in this chapter with comparisons being made to the current literature available on fathers reactions following a perinatal loss. Although the model is presented in a linear type fashion for ease of understanding, the fathers may be experiencing more than one theme at a time as well as oscillating between themes. Discussion of the model is followed by implications of the findings for nursing practice, indications for further research, and the strengths and limitations of this study.

As stated earlier, the main topic the men in this study wanted to discuss was becoming a father and how that process was affected because the child being stillborn. Jordan (1990) identified three themes in the process of becoming a father. These themes include: 1) grappling with the reality of the pregnancy and child, 2) struggling for recognition as a parent, and 3) plugging away at the role-making of involved fatherhood. These themes were identified in this study by the fathers of a stillborn child but were further compounded by the grieving process.

Anticipating the Child

Becoming a father was a dream since they were teenagers for some of the fathers in this study and for others it was one reason for marriage. During the pregnancy the fathers began making plans such as selecting names, preparing the nursery and preparing to take time off after the birth to introduce the new child to the other children.

Klaus and Kennell (1976) identified nine activities related to attaching that occur with mothers. The first five occur prenatally and the last four postnatally. The stages are: 1) planning the pregnancy, 2) confirming the pregnancy, 3) accepting the pregnancy, 4) feeling the movement, 5) accepting the fetus as an individual, 6) giving birth, 7) hearing and seeing the infant, 8) touching and holding the infant, and 9) caring for the infant. Because of the attachment that is predicted to occur antenatally a grief response would then be expected following the loss of an unborn child although no relationship had occurred outside the womb. Klaus and Kennell (1976) did note that "the time of the loss, as well as the degree of attachment attained, can have a significant impact on the grief reaction" (p. 39). Klaus and Kennell (1982) and Rubin (1984) reported that the father as well as the mother attach to the fetus before birth. Jordan (1990) identified various experiences that promote the developing reality of the pregnancy and child during the antenatal period when becoming a father. Such experiences include: the "theoretical" pregnancy, the "official" diagnosis of pregnancy, hearing the baby's heartbeat, seeing the baby on ultrasound, feeling

the baby move, telling other's about the pregnancy, and giving the baby a nickname (p. 13). These experiences occur during the pregnancy which is how the father begins to develop a relationship with the unborn child.

Although the fathers in this study believed that their wives had a stronger relationship with the unborn child, they still identified attaching behaviors such as talking to the unborn child through their wife's abdomen, listening to the baby's heartbeat, seeing the baby through an ultrasound, preparing the nursery and choosing names for the baby. For all of the fathers, attachment to the unborn child had occurred at some time in the prenatal period and appeared to have a strong relationship to the fathers sense of loss at the child's death. Attachment may be regarded as an initial stage in forming a relationship between two people, and loss of the child represents a loss of that relationship. Hughes and Page-Lieberman (1989) reported that most of the fathers in their study described themselves as attached but not as attached as their wives to the unborn baby. Their findings are supported by this study. The difference in attachment to the child between the mother and the father may explain the different grieving process following the death of the child. The father has not had the opportunity to nurture the child or protect the child prenatally which reduces the opportunity for the establishment of a real rather than a fantasized relationship. Despite this, the father experienced an unfulfilled relationship with the child, which creates a loss of the role of father which can further add to his grief.

Learning About the Death

A grief reaction follows the news that one's child is stillborn. The initial grief reaction of fathers was similar to the normal grief reaction of any loved one as defined by Lindermann (1944), Kübler-Ross (1969), and Bowlby and Parkes (1970). The normal grief reaction included: shock and disbelief, denial, anger, bargaining, depression and then reorganization or acceptance. Much of the previous literature indicated that maternal reactions to perinatal losses paralleled the normal grief reaction as defined by Lindermann (1944), Kübler-Ross (1969), and Bowlby and Parkes (1970) (Kirkley-Best & Kellner, 1982; Peppers & Knapp, 1980).

The first reaction all of the fathers in this study experienced was shock and disbelief. Many of the fathers did not consider the possibility of a stillbirth. Shock and disbelief along with denial were used as a means of protecting the fathers until they were prepared to accept the reality of the death. Although many of the mothers and fathers in De Frain's study (1990-1991) experienced shock and disbelief less than half (43%) of the fathers in Hughes and Page-Lieberman's study (1989) commented on experiencing shock. All but one father in this study knew about the possibility of the death during the labour but the fathers did not begin to accept the reality of the death until after the birth of the child. Prior to the birth the fathers continued to hope that a mistake had been made and that the child would be born alive. This finding was not

supported in previous perinatal death literature but Davis (1991) commented in her book that parents used hope and denial when faced with the diagnosis of miscarriage or stillbirth. Some mothers have reported feeling the child move after being told the child had died (Davis, 1991; Borg & Lasker, 1989).

Bargaining was particularly emphasized by two of the fathers who were willing to give their own life for that of their child's. This theme was not found in literature dealing with paternal or maternal reactions following a perinatal loss. Bargaining was a part of grief theory developed by Kübler-Ross (1969). When combining grief theories, many researchers use commonalities in Kübler-Ross' (1969), Bowlby's and Parkes' (1970) theories but omit the concept of bargaining (De Frain et al, 1990-1991; Hughes & Page-Lieberman, 1989; Sanders, 1980). The willingness to give ones own life for the child's may be unique to fathers. The lack of qualitative studies specific to fathers reactions to a stillbirth could be the reason this issue has not been reported before with perinatal losses.

Acknowledging the Child's Reality

The reaction of fathers to labour and birth of a stillborn child has similarities to the reaction of fathers to the labour and birth of a live child. During the beginning of the first stage of labour the fathers in this study found time to be proceeding slowly but as the contractions increased so did their perception of time. This finding is supported by Chandler (1992) who studied first time fathers expectations and experiences of labour and birth. The fathers

saw their role during labour as supporter and protector so expressed feeling useless and helpless when seeing their wife in pain, especially knowing that the infant would be stillborn. These same feelings, particularly being helpless when their wife was in pain, were felt by the fathers when the expected outcome was expected to be a live child (Berry, 1988; Chandler, 1992; Leonard, 1977).

During second stage the fathers focused on the birth of the child in the same way that fathers do for a live child (Berry, 1988; Chandler, 1992; Leonard, 1977). Seeing the child emerge was a powerful experience for the fathers in this study especially for Barry whose first child was delivered by a cesarean section that he did not witness. The fathers commented that seeing the hair or the top of the baby's head was often the time when they acknowledged to reality of the child and that this was their child. This finding was similar to studies which addressed father's reactions to a live birth (Chandler, 1992; Hangsleben, 1983; Jordan, 1990).

The actual transition into fatherhood for the fathers in this study was the time of birth. This concurs with the finding's of Chandler (1992) and Jordan (1990). Jordan found that the reality of the child served as the stimulus for taking on the identity of father. Although the child progressively becomes more real from conception through birth, the child is not "really" real until some time after the birth (Jordan, 1990).

The role of being a father was identified by the men in this study even though the child was stillborn. Although Glen commented that he felt that

having a stillborn "cheated" him of fatherhood, he clarified that to mean in relation to the fathering roles as the child was growing up. He still felt he was a father to this child.

All of the fathers were given the opportunity to see their child after the birth. Five fathers saw and held their child, two fathers only saw their child through a picture and one father did not hold or see a picture of his child. The fathers that held their child felt that it was a "beautiful experience" and were glad to have had that opportunity. Again the reality of the child came from seeing the child. Not just a child but their **own** child. The fathers found themselves examining the child for family resemblances to validate that it was their child and counting the number of fingers and toes as they would have done for a live child. The fathers were surprised how their focus had changed from supporting their wife to that of examining the child. These findings support other findings about fathers following the birth of a live child (Berry, 1988; Chandler, 1992; Jordan, 1990; Leonard, 1977; McNall, 1978).

Acknowledging the Loss

Seeing and holding the child not only helped the fathers realize that the child existed but also that the child was dead. While fathers feared holding their dead child, they found their concerns to be nonexistent when actually holding the child. None of the fathers that held their child regretted doing so and the three fathers who did not wished that they had held the child. This finding was

consistent with that of De Frain et al. (1991) and Hughes and Page-Lieberman (1989).

One father commented that he wished the nurses had better prepared him for the appearance of his child. He decided not to see and hold his anacephalic child because he imagined the child's deformity to look much worse than it did. This father was disappointed about his decision not to hold his child after he saw his child's picture. Most research addressing perinatal losses suggests the parents be given the opportunity to see and hold their child and that any anomalies be accurately explained by health care providers. While the opportunity should be provided for all parents, it is critical to remember that the ultimate decision is up to the parents (Cordell & Thomas, 1990; Costello et al., 1988; Danville, 1983; Davidson, 1985; Davis, 1991; De Frain et al., 1990; Gardner, & Merenstein, 1986; Hughes & Page-Lieberman, 1989; Kirkley-Best & Kellner, 1982; Lake et al., 1983; Moscarello, 1989; Schwiebert, & Kirk, 1985; Stringham et al., 1982; Szgalsky, 1989). Frank was distressed when the nurse tried to discourage his wife from seeing their child as the nurse felt the child had deteriorated over the past few hours and thought this might disturb the couple. When the child was finally brought to the couple, Frank downplayed the deterioration and thought the child looked as beautiful as ever.

Experiencing Empty Arms

Leaving the hospital was the time when the fathers were confronted with the fact that although they had a child that child was not going home with them. They had anticipated the joy of leaving the hospital with the new child but instead their arms felt empty. For Frank, the feeling of empty arms returned whenever he saw a child. "Many mother's reported empty aching arms following the death of a baby" (Davis, 1991, p. 25).

Dealing with Practicalities

One of the first practicalities the fathers had to deal with was paper work to authorize autopsies and funeral or burial arrangements. Although some fathers like Glen, were not bothered by the forms, others were. Dave felt the requests were too much when he was still trying to deal with the fact that he just lost his child. Costello and associates (1988) and Danville (1983) caution the staff about handling the requests for autopsies and funeral arrangements in a timely manner as the families need time the deal with the reality of the death before making such decisions.

The next practicality dealt with making funeral arrangements. The fathers were not prepared for this. They had planned for changing diapers not a funeral. For many this was their first experience with death and they did not know where to start. These fathers were frustrated by the lack of guidance they received when trying to make the arrangements. This finding was similar to that

of Kimble (1991) whose fathers were overwhelmed by tasks like funeral arrangements.

Not all the fathers decided on a private burial. Those who did were pleased with their decision because they now have a place to go to grieve for their child. Davis' book (1991) Empty cradle, broken heart: Surviving the death of your baby suggests that parents consider having a place to go to grieve when making decisions. Although not all of the fathers arranged a private burial, they all had some type of memorial service for the child. The ceremony served two main purposes, to say good-bye to the child and to help family and friends realize the significance of the stillbirth. One father cautions other fathers who have to make such decisions to be aware of the "time rush". He felt pressure from family and friends to make all the arrangements as soon as possible. He now regrets the haste with which the funeral was arranged because his wife had been discharged from the hospital and was not feeling well enough to attend. She, therefore, did not have the opportunity to say good-bye to their child. Although the importance of having a funeral to allow some type of closure has been reported previously, the importance of the timing of the funeral has not previously been identified (Costello et al., 1988; Davis, 1991; De Frain et al., 1990-1991; Gardner & Merenstein, 1986; Gyulay, 1989; Hughes & Page-Lieberman, 1989; Lovell, 1983; Moscarello, 1989; Schwiebert & Kirk, 1985; Stringham et al., 1982; Weiss, 1987).

Another practicality dealt with the what to do with the nursery and the fathers need to protect their wives from pain when possible. The father protected his wife by dismantling the nursery or at least closing the door so she would not have to look at the room. Gyulay (1989) reports that well meaning friends and family may do and give away things in the hope that it will make the grief easier. When the infant is stillborn the bereaved father is often left to do these tasks, thus increasing his grief and isolation. This type of help usually ends in anger towards those (the father) who carried out the sacred, private tasks and can delay the grief process (for the mother). Gyulay (1989) suggests that it can be therapeutic for the parents to tackle these painful tasks together. None of the fathers in this study who dismantled the nursery did so with the help of their wives. No one commented that their wife was angry with them for not asking for their help. The wives were not interviewed about their feelings as this was not a focus of this study.

Incorporating the Child into the Family

One way one father tried to incorporate the child into the family was related to making funeral arrangements. Jordan (1990) identified this as plugging away at the role-making of involved fatherhood. Although not all men reach the theme of the involved father, those that do have integrated the child as part of the father (Jordan, 1990). Frank's main purpose when planning his son's funeral was to do something significant to prove to this child that he was

his father. If he could not give his son life, he wanted to give him a decent burial. Frank felt his dead son was watching how he was planning things. He was using all the respect and love that he had in making plans to show his son how much he cared. Planning the burial was so important to Frank that he became angry when he could not control the burial plans.

Other fathering activities that Frank was involved in when incorporating the child into the family included dressing his son in the same "going home" outfit his other two children used when leaving the hospital, wrapping his son in a special blanket for the burial, and reading the family story book to his stillborn son on the way to the burial.

Naming the child was significant for the fathers in this study. All of the fathers named their child but did not always use the name they had intended to use during the pregnancy. Eric thought he would never name his child after a biblical character but did so after discovering that the child was stillborn. Barry's child was named by a nun. He planned to change the name because he did not like it, but his wife liked the name so he did not insist that they change it. Barry stated that to this day he would not call the child by his given name, he referred to him as "my son". Barry felt the given name was too "plain" for the significance of his child.

A name is personal and lasting so naming the child reinforced the reality of the child for the fathers and was one way the child was incorporated into the family. It also informed others of the reality and importance of the child; the

relevance of this is supported by De Frain and associates (1990-1991). Glen did not name his child until two months after the death. When he did, he named the child because he felt she might not be remembered if she did not have a name. Naming the child also provided the fathers with someone tangible to mourn (Davis, 1991; Schwiebert & Kirk, 1985).

Communicating the Loss

The fathers were responsible for communicating the loss to others. The initial phone calls were difficult for the fathers to make. They were greeted by happy comments such as, "Is it a boy or a girl"? and had to come up with a response to convey the sad news. The response became routine after a few calls.

Most of the fathers developed some type of networking to inform other about the stillbirth. Some fathers called only their parents and asked them to inform others, while others used the networking to inform friends and co-workers. One father insisted on informing all his family members himself. As a father it would have been his privilege to inform others if the child had lived so he felt that it was his duty to inform them of the child's death. The fathers did not like making others sad with their news; one father was so uncomfortable that he began lying about the stillbirth. When others asked, he said the child was born and all was fine.

How the news of the stillbirth was related to others was not found in the literature. Networking may have been used as a means lessening the initial grief reaction as each time the father had to tell someone he would relive the experience and emotions.

Once others were aware of the stillbirth, the father had to deal with their reactions. Costello and associates (1988) reports that when perinatal loss occurs, friends, family, and even health care providers find it hard to accept that these early losses have a significant impact on the parents. When others deny the significance of the event, the parents will have difficulty acknowledging the loss themselves. Glen initially had difficulty acknowledging the loss of his daughter even though he held her after the birth. He operated under denial for at least two months following the death. Dave, as well, had difficulty acknowledging the loss of his son. Dave did not see or hold his son which made it difficult not only to acknowledge his son's death.

The fathers encountered many people following the stillbirth. Some were supportive while others were not. The professional staff of doctors and nurses who were seen as supportive and offered that support by "being there", talking, and listening. The most common nonsupportive behavior was avoidance. The fathers perceived that not all the staff knew how to talk about death. Nurses were seen to be more supportive than doctors. Pastoral care was also seen as a source of support. These findings are consistent with previous resources [Davis, 1991; Hughes and Page-Lieberman, 1989; Lemmer, 1991; Costello et al.

1988; and Bruce 1962] which note that perinatal loss may invoke feelings of sadness, guilt, and anxiety in the professional staff, which may interfere with the provision of appropriate support.

Fathers also were concerned about the unit their wives were sent to after the stillbirth. Three of the fathers were upset that their wives were on a maternity unit around other babies. The women were not given a choice. One other father felt that being on a maternity unit helped his wife. She could close the door of her private room if she wanted to be alone but she could go to the nursery to see the babies if she wished. Seeing other babies helped to reinforce that not all children die, which gave her hope for future children. The results of a study by Wolfe, Nielson, and Schiller (1970) found that 46 out of 50 women were put on a postpartum unit following a stillbirth or neonatal death. When asked later, only 27 would have preferred a postpartum unit, the rest would have preferred a nonobstetrical unit. While some women were bothered by the presence of babies others were not. The best action would be to ask the women about their preference.

The reaction of family and close friends was, for the most part, supportive. The main exception was avoidance behaviors. The supportive behaviors included "being there", sending cards, flowers and notes, and letting the father know he was not alone with his grief. These findings coincide with the supportive behaviors reported in other studies (De Frain et al. 1990-1991; Hughes and Page-Lieberman, 1989). Hughes and Page-Lieberman (1989)

found that the most unsupportive behaviors of relatives were trite or cliché s communications or that the extended family did not want to talk about the death. Although these behaviors were identified by the fathers in this study, they were associated with distant acquaintances rather than close friends and relatives.

The reactions of distant acquaintances were mostly nonsupportive behaviors. Again avoiding talking about the stillbirth or avoiding contact with the fathers themselves was evident. When trying to be helpful, acquaintances often caused more pain by using reassuring cliché s that were perceived by the fathers as trying to ignore the child that was dead.

Other also tried to encourage the fathers to move on with their lives before the fathers felt that their grief was dealt with. The boss of one of the father's wives expected her to return to work a few days after the stillbirth. What surprised this father was that this boss was a female. These nonsupportive behaviors are also reported in the literature. The fathers in Hughes & Page-Lieberman's (1989) and Kimble's (1991) studies reported that the most common nonsupportive behavior by anyone was avoidance or minimal contact with the father after the death. Gilbert (1989) interviewed couples following an infant or fetal death and found that others wanted them to resolve their grief quickly and painlessly. These couples found that the suggestions and advice of others was of little help but acceptance of their loss, empathy and just listening was helpful. It has been suggested that other's lack of

understanding, and their need to hurry the grief process, stems from the fact that these people often have had no contact with the baby (Davis, 1991; Welch, 1991) so their perception of the reality and significance of this child is not nearly as strong as the father's.

Anger was reported by some but not all fathers in this study, and it occurred at various times. Anger first surfaced when they watched their wives go through the pain of labor with "no end result." For the majority, it was generalized anger not directed at any one individual. This finding was similar to that of Hughes and Page-Lieberman (1989). Anger also occurred when dealing with practicalities. Frank became angry whenever he lost control, mostly when trying to make the funeral arrangements. The reaction of others who denied the significance of the stillborn child through the use of clichés such as "you are young, you can have other children," or "you'll forget all about this child when others come along" also provoked feelings of anger.

Struggling for Recognition

The men in this study were faced with trying to identify for themselves that they were a father even though the child was stillborn but were also struggling for recognition from others that they were a father. Dave who did not see or hold his son had difficulty acknowledging his son's death but also had difficulty acknowledging his existence. This affected Dave's role in becoming a father which was further complicated by others not recognizing Dave as a

father. Dave, five years after the stillbirth, is still struggling with becoming a father to his stillborn child.

The third theme identified by Jordan (1990) in relation to becoming a father was struggling for recognition from others. Struggling for recognition as a father by others was difficult for the fathers of a stillborn child. Dave found that because others had no proof that a child existed and he could not produce the child on demand, he was not recognized as a father. By not recognizing Dave as a father, the child was not recognized (validated). This bothered Dave because he felt the child was a part of his family and should not be forgotten. Glen felt strongly about showing his friends the picture of his daughter as a means of proving her existence. The struggle to be recognized as a father may be more difficult for the father following a stillbirth because others have not seen or known the child.

Coming to Terms with the Loss

The fathers in this study used several strategies to assist them in coming to terms with the loss. These included 1) keeping busy by holding onto other children, going back to work and/or returning to a normal routine, 2) sharing stories which included others sharing about similar losses which helped the fathers realize that they were not alone, 3) adjusting inch by inch through talking about the loss to others, although it was painful to relive the experience it brought back the significance of the death, but there was not always someone

available to listen, and 4) looking for positives which consisted of opening lines of communication, particularly with their wives, thereby improving their relationship, appreciating life more, becoming a better father for other children, help from support groups, and one father even had his sobriety tested.

Schwab (1990) identified 10 categories of coping strategies used by 25 couples following the death of a child from 0-30 years old. Seven of these categories were consistent with those used by the fathers who had experienced a stillborn birth. These categories included, 1) avoiding painful thoughts and feelings by keeping busy, 2) using a cognitive framework to understand and deal with the loss such as, "nothing can change what has happened," "she is in good hands now," looking at positives, 3) seeking relief from tension by talking, crying, or exercising (husbands reported a desire to talk while their wives said their husbands did not want to talk), 4) relying on religious beliefs, as discussed earlier under learning of the death, 5) seeking support from groups, 6) helping others, the fathers in this study provided help for their wives, and 7) investing oneself in another object of love such as another child. The two categories not identified in this study included: 1) withdrawing from others and 2) seeking relief from pain by smoking or drinking. One father (who had a history of alcohol abuse) thought that he might return to drinking if a stressful situation arose in his life but found this did not happen after the stillbirth.

When looking for positives, the most common one reported by fathers was improved relationships with their wives often as a result of open

communication. This occurred for five of the fathers. Two of the three other fathers did not find anything positive with the stillbirth while the last said he and his wife were already as close as they could be. Reports of the effects of fetal or infant deaths on marriage varies. Previous research studies describe the experience of death as generally having a positive effect on the marriage by bringing the couple closer together; but for a minority, the strain will be great enough to even precipitate divorce (De Frain et al., 1990-1991; Gilbert, 1989; Hughes & Page-Lieberman, 1989; Long, 1992; Schiff, 1977; Schwab, 1990). Frank, who had been considering divorce before the stillbirth, said his "marriage was reborn" because of his son's death. The event opened lines of communication between him and his wife.

Costello and associates (1988), Gyulay (1989) and Davis (1991) report on the importance of communication; communication that involves both talking and listening between the mother and father. Talking allows the person to release tension and listening lets the person know they are not alone. Communication can also involve support persons or groups. Frank found the support group helpful because he knew someone would listen. Long (1992) cautions that not all men are interested in listening to their partner repeating the story often, as they prefer to keep it to themselves. Howie supports this finding in that he felt no amount of talking would change the death so he preferred to not talk about it.

Standard grief behaviors and physical responses to the stress were identified when coming to terms with the loss. One such behavior was blaming. Not all the fathers experienced blame but those who did either blamed themselves in the form of guilt or blamed others, particularly the doctor. Fathers in other studies of perinatal losses also identified blame and guilt as themes (De Frain et al, 1990-1991; Hughes & Page-Lieberman, 1989; Kimble, 1991). Anger occurred when blaming others.

Other behaviors exhibited by the fathers included seeking answers or rationalizing by equating the stillbirth to a car accident which is both out of one's control or may be seen as an act of God. These are also similar behaviors to that reported in the grief literature (Bowlby & Parkes, 1970; Kübler-Ross, 1969). The physical symptoms the fathers experienced were also similar to that reported in other grief literature such as lack of concentration, loss of appetite, and lack of energy (Bowlby & Parkes, 1970; Gyulay, 1989; Kübler-Ross, 1969; Lindermann, 1944).

The fathers in this study did not talk about depression but talked about disappointment with respect to having a stillborn child. This finding was similar to that of Hughes and Page-Lieberman (1989) who found all their fathers expressed some type of sadness but that the sadness was not intensely overpowering or debilitating. Disappointment was seen when the child was born and the reality of the death occurred, when talking about the death that caused the father to relive the experience, and when creating memories and

thinking about what could have been. Some of the fathers in this study used work to escape sadness.

A pilot study (Cordell & Thomas, 1990) of fathers' experiences following an infant's death reported that the father's adjustment was positively related to handling family loss in the past ($r = .39$, $p = .04$). Those who already knew the painful experience of grief may have acquired certain coping skills.

Two of the fathers in this study who had experienced the death of their mother when they were teenagers expressed their belief that this had increased their ability to handle the death. However, two fathers had experienced a miscarriage and both commented that they did not grieve over the miscarriage so this event did not help them to develop skills to cope with a stillbirth. One of the fathers commented that he was not sure if the miscarriage was truly a person whereas there was no question that the stillborn child was a person. It appeared from this study that fathers who had experienced a previous death for which they grieved felt they had developed skills that helped them deal with the current stillbirth.

The issue about whether the father grieved following a death or not could have been related to the degree of attachment he felt towards the lost person. All of the fathers in this study felt attached to the stillborn child and therefore grieved. As a result, they felt they have developed skills that will help them deal with future deaths. Frank felt he could also help others deal with a death because of what he had learned from his son's death.

The fathers felt that because of the stronger attachment with the unborn child and the physical experience of childbirth, their wives needed their support. Socially these fathers were conditioned to be strong so they could support and protect their wives. Two of the fathers in this study spent so much of their time supporting their wives that their own grief was being neglected and they were not receiving any support in return. After one of these fathers "finally cracked" he was able to share his problem with his wife and receive some support in return. De Frain et al. (1990-1991), Long (1992) and Page-Lieberman and Hughes (1990) found similar results with the fathers in their studies who tried to be strong for their wives which left them feeling that they were coping with their grief in isolation. The father needs to be given permission to grieve. However, not all of the fathers felt that they needed support. Howie and Chris thought that being able to support their wives was enough for them.

Accepting the Reality of Altered Fatherhood

All of the fathers in this study referred to themselves as fathers in relation to the stillborn child even though the child was not alive. Their perceived role of fatherhood was now different as there were no diapers to change or bottles to fill. The men would reflect back on the experience and identify positive aspects of the event.

Although all of the men identified themselves as fathers, they accepted the reality of altered fatherhood differently. One group of fathers reflected on

what **the child** would have missed out on in life, while the other group reflected on what **they as a father** have missed out on by not having a live child. The distinguishing event that separates the two groups was holding the stillborn child. Those fathers who held their child (Barry, Chris, Eric, Frank and Glen) were able to let go of the stillbirth experience but felt sad for what the child had missed out on in life, while those who did not hold their child (Andre, Dave and Howie) to this day refer to what they as a father have missed out on. Andre, Dave and Howie are struggling with the reality of altered fatherhood.

Moving On

Although comparing fathers' reaction to that of their wives were not a focus of this study, most of the fathers commented on grieving differently to their wives. When asked to explain, they said they were able to get on with their life faster than did their wives. This result is supported by findings of De Frain and associates (1990-1991), Gilbert (1989), and Hughes and Page-Lieberman (1989).

All of the fathers commented about moving on with life. One father wanted to move on as early as one week after the stillbirth while others said it took months. The pain of grief did lessen with time but the fathers said that the disappointment would never go away. One father, five years after the death, said things will never be closed for him because of the decisions he made that can never be changed. Another father, four years after the death, explained

that the level of pain he has now is where the pain will always be. Barry, who had experienced the death three months ago, felt that he has not dealt with the pain fully yet. This finding supports De Frain and associates' (1990-1991) study in which they concluded the hurt does fade as time passes but the memories do not.

These results also support those by Morgan (1987) who studied parental grief following the death of a newborn infant. Morgan (1987) found that certain aspects of the loss and grief experience continue even though resolution was thought to have occurred. Affective remnants identified included: feelings of pain, helplessness, anger, guilt and sadness. Although the grief process continued, it did so in a less devastating form. Morgan found that parents five years post-loss described, to a greater degree, elements that remained after the grief had been resolved. Dave, who had experienced the death five years ago, commented several times on the guilt and regrets that he had related mostly to not seeing and holding his child.

Pepper and Knapp (1980) found that parents who see and touch their infant may actually move through the grief process faster. A study by LaRoche, Lalinec-Michaud, Engelsmann, Fuller, Copp, McQuade-Soldatos and Arima (1984) investigated the grief reaction of 30 women experiencing a perinatal loss. They found that internal depression was more likely to occur in women who had not seen or held their dead baby. Although all of the fathers commented on continuing sadness or disappointment relating to the stillbirth, the feelings

are not as devastating as they were initially. Dave is one exception in that he continues to strongly feel his grief, yet he is the furthest removed from the event. The one distinguishing factor that may contribute to this is that Dave neither saw or held his child. He has no real image of the child to remember.

Maintaining Memories

The uniqueness of having a stillborn is that there are few if any memories of the child. Tangible memories were important to the fathers in this study. Six of the fathers received a picture of the child. One of the fathers who did not receive a picture held his child and said that he has a picture of her in his head that he will never forget. The other father said he would do anything for a picture. As stated earlier one father was adamant on having his friends see the picture so they could realize his daughter's existence. Other tangible memories the fathers received included: a lock of hair, birth certificate, foot and hand prints, and the autopsy report. Several authors comment on the importance of tangible memories (Condon, 1986; Costello et al., 1988; Danville, 1983; Davis, 1991; Lemmer, 1991; Schwiebert & Kirk, 1985; Szgalsky, 1989; Weiss, 1987).

Memories were important for the fathers as they continued to incorporate the child into the family. All of the fathers commented that the child was a member of their family. One father, who did not have many memories of the child after the birth, wrote down all the memories he had of his child during the pregnancy. One of the three fathers who had other living children when the

stillbirth occurred felt strongly about informing the children of the death and giving them the choice of being involved in the burial arrangements. The other two fathers felt their child was too young at the time but they plan to tell them about their sibling when they get older. All of the fathers said that they would tell any subsequent children about their older sibling that died. This supports the study by Lemmer (1991) who found that one of the tasks of parents was finding a way to incorporate the baby who was dying or dead into their unique family context. They often accomplished this by the creation of memories.

Anniversary dates were a time that triggered memories of the child for most of the fathers. One father celebrates this day with his other children by taking balloons to the grave site. This child's birthday is celebrated in a similar manner to the other family member's as he is seen as part of their family. The findings from other studies support the fact that areas of sorrow remain forever following a death and may be triggered by anniversaries of the death, holidays, and expected graduations (Bowlby & Parks, 1970; Gyulay, 1989; Kübler-Ross, 1969; Peppers & Knapp, 1980). Although most of the fathers in this study commented that they focus on the actual anniversary day, they are affected by their wife's sadness over the entire month. This reinforces the different grieving between the mother and father even though this was not a focus of this study.

Andre was an exception in that the anniversary date of his son's death did not trigger sorrow. For Andre that day came and went like any other day. His memories came when reflecting on what might have been. When seeing

other children playing, the fathers envisioned the family dynamics if the stillborn child had lived. One father, who lost his son and has had two girls since, thinks what it would be like to have that son. This supports findings that a perinatal death represents the loss of hopes, dreams, and wishes (Costello et al., 1988; Condon, 1986; Davidson, 1985; Davis, 1991; Kirkley-Best & Kellner, 1982; Welch, 1991).

Having Other Children

Although not directly part of becoming a father to a stillborn child, subsequent pregnancies were affected by the stillbirth. All of the fathers reported a desire to have more children after the stillbirth. Most of these fathers feared another stillbirth. One father, who did not fear reoccurrence, stated that he had to rationalize the fear away or else he would never try again. The fear of reoccurrence supports findings from studies by Lever Hense (1989) (who studied mother's in a pregnancy following a stillbirth) and Long (1992). The fear of reoccurrence for the fathers in this study remained throughout the pregnancy until the child was born. Lever Hense (1989) found that the mothers in her study maintained their fear into the postpartum period. Another similarity between this study and Lever Hense's (1989) was the resisted attaching to the unborn child during the pregnancy. The father in this study who commented on resisting attachment has not experienced the postpartum period as his wife is

currently pregnant. No comments can be made as to when he began to attach.

This process of becoming a father to a stillborn child is affected by societal changes that have occurred over the years. The secondary informant who had two stillbirths 28 and 29 years ago did not have the same experience as the fathers in this study. Although this father experienced the same grief reactions and behaviors, he was not presented with the same opportunities, such as being present for the labor and birth, to try to fulfil his fathering role.

At the time of these stillbirths men were not present during the labor and the birth, or given the option of seeing or holding the child. The hospital did not provide any tangible memories as it was thought that parents did not grieve for a stillborn child. There was the potential for a delayed grief reaction for this father as he had no proof that these children existed and died.

This father did feel these children were real and grieved for them. He created his own tangible memories by naming the children as well as having a burial for them both. Society did not share the same feelings about the reality of the children. The couple were left to grieve on there own. Not even family members visited Ian's wife in the hospital. No one talked about the deaths or asked the couple how they were doing. The reaction to the deaths were still fresh in the father's mind "as if they had happened yesterday." Ian agreed with the other fathers that these were his children and that he would never forget

them. Ian thinks about his children each time he passes the cemetery where they are buried.

Although society has changed with respects to acknowledging the grief reaction following a stillbirth and hospital policies have change to include fathers in the birthing process, there is still room for progress as some of the fathers in this study have indicated.

The above model describes becoming a father and how this process is affected by grieving for a stillborn child. The implications for nursing practice, indications for further research, and the strengths and limitations of this study follow.

Implications for Nursing Practice

There are many clinical implications for nursing that arise from knowing the reaction of fathers during the first five years following a stillbirth, particularly the process of becoming a father to a stillborn child. Hospital and public health staff can assess the fathers reactions and provide the necessary support.

By knowing that when a father learns about the stillbirth of his child he will experience the normal grief reaction of shock and disbelief, denial, anger, bargaining, disappointment and acceptance, nurses can offer support to promote the father's expression of such feelings. By giving a father permission to grieve and express his feelings the staff facilitate the grief process and acknowledge the significance of the loss.

Nurses can assist fathers by being aware of the process of becoming a father to a stillborn child. The man's perceived role during the labor of any child is that of being protector and supporter for his wife, which leads to feelings of uselessness and helplessness in relation to the pain his wife is experiencing. These feelings may then be exaggerated for the father experiencing a stillbirth because of the negative outcome. The nurse can help the father identify and understand these feelings.

Seeing the child may be the key activity in acknowledging the child's reality. Seeing and holding reinforces this reality of the child's existence and the father may find himself looking for family resemblances and counting fingers and toes. Seeing and holding the child may also reinforce the reality of the child's death and allow the father to start the grieving process. Nurses can provide the fathers with the opportunity to see and hold their child. When deformities exist the nurse should explain them realistically and then give the father the option of holding his child. The father can also be encouraged to name his child as naming reinforces the reality of the child and gives the father a person instead of an object to grieve. Some fathers will benefit from the opportunity to dress their child. This can be offered.

Nurses should be aware of their timing when making requests of the fathers for such things as an autopsy or a private burial. To approach the father immediately after the birth to ask for an autopsy is inappropriate. The father needs time to deal with the reality of the death (which includes seeing

and holding the baby and receiving support from family, friends and staff) before making decisions about having an autopsy.

The father (couple) is then faced with the decision of a private or hospital burial and whether or not to have a memorial service. The nurse can inform the father (couple) of the advantages and disadvantages of both before any decisions are made, such as having a place to go to grieve with a private burial, but with increased expense. The fathers would also benefit from a pamphlet with information on burial procedures and options specific to that community for stillbirths (a nursing committee could be created to develop this) as the fathers in this study did not know where to begin when making funeral and burial arrangements.

The nurse can encourage the father to have some type of memorial service for the child because just as holding the child gives the father a chance to say hello, a memorial service gives him the chance to say good-bye. The timing of the funeral should be considered because if it occurs too soon, the wife may not be ready to participate which may prevent her from saying good-bye. The father may be adversely affected if his wife's grieving process is delayed because of this. The memorial service also helps family and friends to recognize the significance of the child's death. The father can be informed that although others realize the child's death, they might not recognize him as a father and this might bother him.

Most father's feel a certain type of attachment towards their child so following the child's death he will let go and begin to grieve. For some father's this includes seeing and holding the child but for other fathers it is a more involved role. Nurses are in the ideal position for providing suggestions for fathers to help them feel involved. These suggestions may include specifics for the funeral such as having him pick out the type of urn or cemetery plot, providing the opportunity to dress the child in a special outfit for the funeral, or as one father did read a favorite story to the child. This is not suggesting that the wife be left out. She should be consulted and an agreement made where one parent could be in control of one arrangement and the other parent in another. Some couples may prefer to make all the arrangements together.

Important nursing interventions developed from the supportive behaviors of staff include: "being there", listening, talking about the death, and offering the involvement of pastoral care. Nurses should be cautious about any behavior that may be interpreted by the father as avoidance. Avoidance made some fathers feel that they were not important and this could delay the grieving process as they are struggling for recognition as a father. The nursing staff can be encouraged to identify and address their personal feelings towards death so that these feelings do not interfere with the provision of appropriate support for others. This may be done through inservices or workshops for the staff.

Fathers were affected by the perception of supportive or nonsupportive behaviors towards their wife particularly dealing with the unit the woman was

transferred to postpartum. Some women preferred a normal postpartum unit whereas others did not want to hear or see other babies. Nurses can provide the woman with a choice as to what type of unit she would prefer.

Although the nurse may see the woman as her client because she is the one who gave birth, she should also recognize that the entire family is affected by a stillbirth. She can provide an equal opportunity to listen and talk to the father about his thoughts and feeling about the death. By identifying previous losses or stressful situations and the coping skills used by the father, the nurse can make suggestions to help the father deal with this death. Some suggestions may include: keeping busy with work, noting that some may find this more of a distraction, or adjusting inch by inch through talking about the death, or listening to others share similar stories about death, or communicating openly with his wife about his feelings, and/or seeking a support group.

The nurse can be helpful to the father by preparing him for what to expect from others as well as the future difficulties. The nurse can begin with the reaction of others. While some will not know how to react and will therefore avoid the father (couple), others will try to be helpful with trite or cliché s communications that hurt the father despite their good intent. Others will encourage the father to move on with his life before he feels ready. It is important to know that he will move on with time, but that a point of readiness must be reached. The father may fear that moving on will mean he will forget the child. The nurse can reassure the father that he will never forget his child.

The nurse can facilitate the incorporation of the child into the family by obtaining tangible memories. Such memories include: taking a picture, lock of hair, or footprints of the stillborn as well as providing a birth and death certificate, and autopsy report if done. If the parents refuse these memories, file them with the child's chart as the parents may return for them in the future.

Remnants of grief may remain for as long as five years after the death. The nurse can inform the father of the days that may trigger the memories so he can be prepared to experience the remnants of grief. Such days begin with leaving the hospital with empty arms and continue with the anniversary date of the death, expected date of confinement, holidays, and expected date of graduation. Although most fathers will be affected by the anniversary date of the death, the nurse can prepare him for the reaction of his wife which may occur over the entire month. By being aware of the different grieving styles the father can provide better support for his wife as well as understand his need for support.

Specific hospital policies could be developed to facilitate the grief reactions when becoming a father to a stillborn child. One policy could make it mandatory to take hand and foot prints, and a picture of all stillbirths while waiving the consent as parents have enough other decisions to make at this time. It should be specified that the pictures are solely for the parents and not for medical research. Hospitals can develop a policy for early referral to the

public health nurse for follow-up care. This nurse could evaluate the family's progress over time and intervene when necessary.

Hospital policies that give the mother the choice of what type of unit she would prefer in the postpartum period can be created. A policy that promotes primary care would be beneficial. The family would then have more of a chance to have continuity of care.

Indications for Further Research

Using the qualitative method of grounded theory to study father's reaction during the first five years following a stillbirth has stimulated questions for further research. An extension of the above study would include using a larger sample size to further validate the findings and over a longer period of time to see how the process continues. Criteria for sample selection restricted informants to males who could speak and write English, in a supportive relationship, in the Edmonton area, and over the age of 20. Future research should consider the following:

1) What effect does cultural variation have on father's reaction to a stillbirth?

2) What is the reaction of fathers towards a stillbirth when they are not in a supportive relationship?

3) What is the reaction of fathers from different geographical regions towards a stillbirth?

4) What is the reaction of an adolescent father towards a stillbirth?

One of the findings from this research dealt with the effects of previous losses on the reaction to the stillbirth. Two of the fathers experienced both a miscarriage and a stillbirth and commented that they were different. An indepth study with a larger sample can be conducted to explore what the differences are between a miscarriage and a stillbirth and how the fathers react to these differences. Two of the fathers indicated that the death of their mothers prepared them to deal with the stillbirth. It would be of value to know the skills that were developed by men from the death of a parent that helped.

A stillbirth affects all members of a family. Fathers and mothers reaction to a stillbirth have now been studied separately. Follow up research should include:

1) What are the differences between a father's and a mother's reaction towards a stillbirth? What are the implications of these differences on the martial relationship and the long-term outcome of grief?

2) What is the effect of a stillbirth on siblings?

3) What is the effect of a stillbirth on grandparents?

Although some of the fathers briefly commented on the effects of having a live birth following a stillbirth, an indepth study of this topic would be appropriate. If possible, the fathers can be followed from conception to at least the sixth week postpartum (Lever Hense, 1989).

There is a need to gain a greater knowledge about the effects of a stillbirth on the entire family. Research to investigate the above questions is essential in order to provide comprehensive support and care for all members of the family.

Strengths and Limitations

In this study a qualitative design was used, the method being grounded theory. The purpose of this research was to develop a beginning theory of the reaction of fathers during the first five years following a stillbirth.

The use of grounded theory was a strength in this study in that the emic perspective of the fathers who had experienced a stillbirth was revealed. The theoretical sampling of grounded theory contributed to the richness of the data by facilitating the selection of fathers who experienced the stillbirth with the first pregnancy as well as fathers who experienced the stillbirth with subsequent pregnancies, followed by a comparison of the data. Critical to the whole process was the need of the informants to fulfil a fathering role with respects to the stillborn child. All of the fathers went through a similar grief process with identifiable characteristics. A model of the father's reaction during the first five years following a stillbirth was developed with the central process being becoming a father to a stillborn child.

One of the potential strengths built into the design of the study was the choice given to the fathers of telephone or face-to-face interviews. It was

thought that because of the sensitive nature of the topic some of the fathers might feel more comfortable being interviewed over the telephone. Only three of the fathers chose telephone interviews and did so because of ease of travelling rather than because of the nature of the topic. The telephone interviews were significantly shorter than the face-to-face interviews. The average of the phone interviews was 46 minutes while the average of the face-to-face interviews was 1 hour 52 minutes. More information might have been obtained if those interviewed by phone were interviewed in person.

A limitation was that none of the informants represented the time period from one year to three and a half years. The unique contributions from this group was lost. The fathers from up to one year and three and a half years to five years did allow the researcher to investigate the experience over time by comparing and contrasting the groups. The difficulty with finding bereaved parents in the three years post loss group was also identified by Morgan (1987). One explanation for this could be that this is the time when the couple is considering pregnancy and do not want an additional reminder of the previous death.

This study could have been strengthened by using a longitudinal prospective study with the same fathers over the five years period. Limited time and financial resources precluded this type of design. Time and resources were also responsible for each of the informants being interviewed only once, except for the two validation interviews. Although the eight informants provided

excellent rich data, secondary interviews from all informants might have strengthened the validity of the findings.

Summary

The purpose of this study was to examine the reaction of fathers during the first five years following a stillbirth. A model of a beginning theory that describes the process of becoming a father to a stillborn child was developed using the qualitative method of grounded theory.

Fathers grieved for their lost child and displayed standard grief reactions such as shock and disbelief, anger, denial, bargaining, disappointment, and acceptance which have been described by many previous researchers. However, it was evident that for these fathers taking on a fathering role was of central importance. This occurred while the fathers were anticipating the child, acknowledging the child's reality, experiencing empty arms, incorporating the child into the family, struggling for recognition, accepting the reality of altered fatherhood, and maintaining memories. The process of becoming a father was affected by grieving for that child. The grieving began when learning about the loss and continued through acknowledging the loss, dealing with practicalities, communicating the loss, coming to terms with the loss and then moving on with life. Although the fathers moved on with their lives, they were left with lasting impressions of the stillborn child.

Based on the findings of this study, a number of important questions were raised for nurses who work with fathers following a stillbirth. In addition, questions for further nursing research were identified.

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APPENDIX A

Advertisement

A Father's Loss

A reg'd nurse from the University of Alberta is conducting a graduate research study on fathers who have lost a baby. If you are a father who has lost a baby during the last 5 months of pregnancy or within the first 48 hours of life, your participation in this study is invited. Please call 431-0909 for further information.

APPENDIX B

Demographic Assessment

(Please circle)

1. Age (years):

20-30 31-40 over 40

2. Education (highest level completed):

Grade School Junior High High school

Trade School University Graduate Studies

3. Employment Status:

Full Time Part Time Student Not Working

4. Are you currently involved with the female who shared the stillbirth experience with you? _____

5. Number of years in present relationship: _____

6. Living children:

Age_____ Sex_____ Age_____ Sex_____ Age_____ Sex_____

Age_____ Sex_____ Age_____ Sex_____ Age_____ Sex_____

7. During which pregnancy did the stillbirth occur? _____

Stillbirth Information

1. Type of delivery: Vaginal_____ Cesarean Section_____

2. Number of weeks pregnant when delivered: _____

3. Date and year of delivery: _____

4. Cause of death: Known_____ Unknown_____

5. Sex of the child: Boy_____ Girl_____

6. Did you name your child: _____

If so what name did you use: _____

7. Planned pregnancy: Yes_____ No_____

8. Intended place of delivery: Hospital_____

Home_____

9. Other losses: No.

Miscarriage or abortion _____

Stillbirth _____

Infant death within 48 hours of life_____

Infant death within 28 days of life _____

Sudden infant death syndrome _____

Other (explain) _____

APPENDIX C

Demographics

Informant	Time Since Death	Children Prior to Loss	Stillbirth (Gestation)	Children Since Loss
Frank	3 mth	M-8 yrs F-4 yrs	M (40 wks)	none
Barry	4 mth	M-2 yrs	M (41 wks)	none
Glen	4 mth	none	F (26 wks)	none
Chris	1 yr	none	F (41 wks)	having twins
Andre	3 yrs, 7 mth	none	M (39 wks)	F-2 yrs F-7 mth
Eric	3 yrs, 8 mth	M-6 yrs	M (30 wks)	M-2 yrs
Howie	4 yrs, 4 mth	none	F (39 wks)	M-3 yrs F-1 yrs
Dave	5 yrs 3 mth	none	M (36 wks)	M-3 yrs F-8 mth
*Ian	29 yrs, 6 mth 28 yrs, 9 mth	M-1 yr	M (38 wks) F (36 wks)	F-adopt (3 yrs later)

*** Secondary Informant**

F = female
M = male
wks = weeks
yrs = years
mth = months

APPENDIX D

Stillbirth Information

Information	Cause of Death	Held Child	Burial
Andre	anacephalic	no	private
Barry	cord accident	yes	private
Chris	unknown	yes	private
Dave	cord accident	no	private
Eric	fetal hydrops	yes	hospital
Frank	cord accident	yes	private
Glen	abruption	yes	hospital
Howie	unknown	no	hospital
Ian	RH incompatibility	no	private

APPENDIX E

Interview Guide

"Tell me about your experience with a stillbirth?"

"You have told me the medical aspects. Now tell me about your feelings during that time?"

"Were you able to express your feelings? If so how?"

"How did having a stillborn affect your relationship with your partner? (at the time of the stillbirth and now)."

"What type of memories do you have about your baby, happy and/or sad?"

"Do you have any tangible memories such as footprints, a lock of hair, or armband of your baby?"

"Did you hold your baby? What was that like?"

"What were some of the helpful things others did for you during this time?"

"What were some of the unhelpful things?"

"Was there anything that anyone did that made you more distressed?"

"Who were the people you were able to talk to most about the stillbirth?"

For those 3 to 5 years after the event:

"Are there certain days that bring back memories?
How do you feel on those days?"

APPENDIX F

Telephone Statement Sample

"Hi, my name is Nancy MacNeil. I am the researcher conducting the study. I am a graduate student in the Faculty of Nursing at the University of Alberta. I am studying fathers whose baby has died in the last 5 months of pregnancy or in the first 48 hours of life. I am interested in your thoughts and feelings during that time. Learning more about your experience will help us nurses provide better support and care for other fathers going through the same experience."

"The study will consist of at least two interviews lasting about an hour each. I realize that this topic may be difficult to discuss. You may feel sad at times. The interviews can be stopped at anytime. they will be continued only if you say that it is alright. The interviews will be tape recorded so that I do not miss any of your comments. For your privacy, you will not be identified on the tapes. No one will be aware of your participation in the study. The option of telephone or face-to-face interviews will be available to you because of the personal nature of the topic.

"Do you have any questions?"

(At this point I would confirm a date, place, and time for the next interview.) "If you cannot make the next scheduled interview or decide not to participate in the study please call to let me know." (I will give him my name and phone number at this time.)

APPENDIX G

Telephone Informed Consent Form

The title of this research project is "Father's Reactions Following a Pregnancy Loss". I will be the principle investigator. My name is Nancy MacNeil. I am affiliated with the University of Alberta Faculty of Nursing and can be reached at 431-0909. My supervisor is Dr. Peggy Anne Field and she can be reached at 492-6248. I will repeat the names and numbers if you would like to write them down.

The purpose in this study is to examine father's reactions following a pregnancy loss. The focus in particular, will be on your thoughts and feelings. There may be no direct benefits to you for participating in this study. The information you provide may be helpful in directing care and support for other fathers who have to deal with a pregnancy loss.

The study will consist of at least two interviews lasting about one hour each. Other interviews may be required to clarify or gain a better understanding of some of the comments. Each interview will be tape recorded so that your feelings and ideas are accurately obtained. Besides the investigator, only the typist will listen to the tapes. Your privacy will be protected by not identifying you on the tapes or typed interviews.All tapes and typed interviews will be kept in a locked cabinet during the study. When the study is over, the tapes will be destroyed. The typed interviews will be kept for future possible studies. No one will be informed of your participation in the study unless you choose to inform them. At the end of the study a final report will be available that contains quotations but your name will not appear on the report. You will also receive a summary of the report if you wish.

Do you have any question?

State and spell your complete name

_____

I will now ask you some questions. Please answer "I do" or "I do not" after each.

Do you __(name)__ agree to participate as a volunteer in the above project?

_____

Do you understand that your name will not be associated with any written material pertaining to this project? _____

Do you understand that you are free to withdraw at any time from the study?

_____

Do you understand that you have the right to refuse to answer any questions that I ask and you do not feel comfortable answering? _____

Did you have an opportunity to ask questions? _____

Were those questions answered to your satisfaction? _____

Are you aware that a qualified counsellor is available to help you, if you so wish._____

I, Nancy MacNeil, witness this verbal consent. _____(date)_____

APPENDIX H

Informed Consent Form

Project Title: Father's Reactions Following a Pregnancy Loss

Investigator: Nancy MacNeil
MN Candidate
Faculty of Nursing
University of Alberta
431-0909

Thesis Supervisor: Dr. Peggy Anne Field
Professor of Nursing
Faculty of Nursing
University of Alberta
492-6248

The purpose of this study is to look at father's reactions following a pregnancy loss. The focus in particular will be on your thoughts and feelings during this time.

I understand that I will be asked to describe my feelings when my child died. I will be interviewed two or more times. Each interview lasting about one hour.

I understand that each interview will be tape recorded. Besides the investigator, only the typist will listen to the tapes. The tapes and typed interviews will be kept in a locked drawer. When the study is over, the tapes will be destroyed. The typed interviews will be kept for future possible studies. The final report may include comments from the interviews. My name will not appear in the final report.

I understand the study will involve talking about thoughts and feelings that may cause me to become upset. I do not have to answer any questions I do not feel comfortable with answering. I am free to stop my participation in the study at any time. I am aware that a counsellor is available if I wish.

I understand that I may not benefit from this study.My participation may be helpful to other fathers in the future.

This is to certify that I,_____
(print name)
agree to participation as a volunteer in this research project. I am aware of the purpose of the study and what is involved. All my questions have been answered in a way that I understand. I can call the investigator at anytime if I have questions or concerns.

_____ _____

Participant Date

_____

Investigator